



## AUTHORIZATION FOR MOUNTAIN BIKING PARTICIPATION

Athlete: Name \_\_\_\_\_

Grade in Fall : 8 9 10 11 12

Address \_\_\_\_\_

Date of birth \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Parent/Guardian: Names \_\_\_\_\_

#1 Cell Phone \_\_\_\_\_ #2 Cell Phone \_\_\_\_\_

#1 Email \_\_\_\_\_ #2 Email \_\_\_\_\_

### INSURANCE WAIVER

This statement releases Stargate School of financial responsibility in case of accident/injury to my son/daughter while he/she is participating in interscholastic activities. I fully understand Stargate School does not provide accident or health insurance coverage for participation in interscholastic activities. I further understand that it is my responsibility to provide health/accident insurance coverage for my son/daughter. I hereby certify that the above named student has the insurance coverage listed below I assume full and complete financial responsibility for costs incurred due to any injury or accident occurring during participation in the athletic program.

Insurance Co \_\_\_\_\_ Policy # \_\_\_\_\_  
Group # \_\_\_\_\_

Subscriber name: \_\_\_\_\_

### PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, I hereby grant permission to a physician or the hospital personnel to attend my son/daughter. Every effort will be made to contact me in order to receive my specific authorization before any treatment or hospitalization is undertaken.

Parent:Signature\_\_\_\_\_Date\_\_\_\_\_

## **WARNING TO PARENTS AND STUDENTS**

By its very nature, interscholastic activities may put students in situations in which **SERIOUS, CATASTROPHIC** and perhaps, **FATAL ACCIDENTS** may occur. Many forms of athletic competition result in violent physical contact among players, the use of equipment which may result in accidents, strenuous physical exertion, and numerous other exposures to risk of injury.

Students and parents must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Athletic participation by students also may be inherently dangerous.

Athletes have the responsibility of reporting their injuries/illnesses to their parents and coaches. I also understand that by participating in my sport there is a possibility that I could suffer a head injury/concussion. I understand the importance of immediate reporting of symptoms to my parents and coaches.

By granting permission for my student to participate in athletic competition, I acknowledge that such risk exists. I hereby give my consent for my son/daughter to compete in Stargate activities and I have read and understand this form.

Parent: Name\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_

By choosing to participate, I acknowledge that such risk exists.

Athlete: Name\_\_\_\_\_

Signature\_\_\_\_\_Date\_\_\_\_\_