

CALDWELL HIGH SCHOOL PARTICIPANT CONSENT/EMERGENCY FORM

Name _____ Birth Date _____ 23-24 Grade _____

Student ID # _____

Parent/Guardian Name _____

Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ 2nd Cell Phone _____

In an emergency, if parent/guardian cannot be contacted, notify:

(Name) _____ (Phone) _____

Family Physician _____ Phone _____

Insurance Company _____ Policy Number _____

Known Allergies (i.e. bees, penicillin) _____ Last Tetanus _____

Please list any/all Medical Conditions _____



The team physicians, trainer and coach may apply first aid treatment until the family doctor can be contacted. YES NO

We give our consent for coaches, athletic trainers, and team physician to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached. YES NO

Your son/daughter has expressed a desire to participate in Caldwell School District Activities. There is information concerning such participation that is vital for a successful experience. Please read this information carefully. If you have any questions, please contact or call your child's coach or school Athletic Director. Before the participant is allowed to practice, check out uniforms, you are required to read, sign and return the release and participation information document to the appropriate head coach.

- Each participant must have on file a current physical examination. Students must have a new physical their 9th and 11th grade years. Costs of the physical examination is the responsibility of the parent/guardian.
- Notice of risk: Student participant and the student's parent/legal guardian need to be aware that specific activities involve risk of injury when the participant practices, plays or participates in any sport. The activities can be dangerous. The student risks serious and permanent injury affecting their well being.
- Instructions given by the coach regarding playing techniques, training and team rules must be followed.
- The Caldwell School District is neither liable nor responsible for any medical, dental or hospital expenses occurring as a result of injuries sustained by a student while participating in a school activity sport. All injury related expenses shall be the responsibility of the student's parent/legal guardian.

Initial One: _____ I have insurance that will pay for medical expenses if my son or daughter is injured while participating in a school sport.
 _____ I do not have insurance for my son/daughter and understand that the school district is not responsible and will not pay any doctor, hospital, or medical expenses if my child is injured while participating in any school sport.

- Recognizing that as a result of activity participation, medical treatment on an emergency basis is necessary and that school personnel may be unable to contact me for my consent for emergency medical care. I do hereby consent in advance to such emergency medical care, including, including tests, x-rays, surgery, hospital care as may be deemed necessary under the then existing circumstances.

All student participants and their parents/guardians of the student/participant are required to sign the Caldwell High School Consent/Emergency Form. Signatures on this sheet are commitments to school officials that the signers have read and understand the Activities Manual and agree to abide by these policies. Signatures also agree to the schools use of social media to promote our programs , which may include the use of pictures and recognizing our students by name. By signing below, I agree to abide by these rules and regulations and accept the responsibility of participating in extracurricular activities in the Caldwell School District.

Signature of Participant _____ Date _____

Signature of Parent/Legal Guardian _____ Date _____

Assumption of the Risk and Waiver of Liability
Relating to Coronavirus/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state, and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

Caldwell School District has put in place protective measures to reduce the spread of COVID-19; however, the Caldwell School District cannot guarantee that you or your child(ren) will not become infected with COVID-19. Further, attending activities on the campuses of the district could increase your risk and your child(ren)'s risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and on behalf of myself, my child(ren), my and spouse/co-parent of child(ren) voluntarily assume the risk that my child(ren) and I, and any member of my family, may be exposed to or infected by COVID-19 by attending activities on CSD campuses and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 while on CSD campuses may result from the actions, omissions, or negligence of myself and others, including, but not limited to, CSD employees, agents and representatives, volunteers, program participants and their families and/or any other individual who may be present upon school property or in attendance at any school activity.

I voluntarily agree to assume, on behalf of myself, my child(ren), and my spouse/co-parent of child(ren) all risks and accept sole responsibility for any injury to my child(ren), myself and any member of my family, (including, but not limited to, personal injury, disability, and death), illness, damage, loss, claim, liability, or expense, of any kind, that I, my child(ren) and/or members of my family may experience or incur in connection with my child(ren)'s attendance in activities or participation in CSD programming ("Claims"). On my behalf, and on behalf of my children and/or members of my family, I will advance no claim and I hereby release, covenant not to sue, discharge, defend, indemnify and hold harmless the CSD, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims, actions, damages, costs or expenses of any kind arising out of or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of CSD, its employees, agents, and representatives, whether a COVID-19 infection occurs before, during, or after participation in any CSD activity.

Additionally it should be noted that the laws of the state of Idaho provide for numerous immunities for schools should something occur to a student or to the family of a student as a result of activities on school property. In addition to this Agreement, these immunities remain intact.

I agree that my child will act in conformance with all safety and sanitation requirements, as well as all social distancing and mask requests. I understand that if my child fails to follow these regulations the ability of my child to participate may be suspended, revoked or otherwise negatively impacted.

To prevent the spread of COVID-19 your participation is important to help us take precautionary measures to protect you, your child(ren) and everyone on campus. If you child has been in close contact or been diagnosed with COVID-19, please honor quarantine standards and not have your child present at or participating in school activities. If your child has been diagnosed with COVID-19 the District requests that you provide a medical release for your child to return to participation. Likewise, if your child is ill, please do not expose the school's students and personnel to your child's illness. The coaches and activity personnel will have access to thermometers and if a student is not feeling well and has a fever they will be separated and asked to go home until they are fever free for a period of 48 hours.

NOTE: Activities may be suspended consistent with CDC guidelines, if community spread of COVID-19 is identified in the region.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant(s)