

**TMHS PERMISSION TO PARTICIPATE
2017/18**

To be completed only if your child participates in a TMHS school sport

By its very nature, competitive athletics may put students in situations in which, SERIOUS, CATASTROPHIC and perhaps, FATAL ACCIDENTS may occur.

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. Just as driving an automobile involves choices, athletic participation by high school students also may be inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated. There have been accidents resulting in death, paraplegia, quadriplegia, and other very serious permanent physical impairments as a result of athletic competition.

By granting permission for your student to participate in athletic competition, you the parent or guardian acknowledge that such risks exist.

By choosing to participate, you the student, acknowledge that such risks exist.

Students will be instructed in the proper techniques to be used in athletic competition and in the proper utilization of all equipment worn or used in practice and competition. Students must adhere to that instruction and utilization and refrain from improper use.

As previously stated, no amount of instruction, precaution, and supervision will totally eliminate all risk of serious, catastrophic, or even fatal injury.

If any of the foregoing is not completely understood, please contact your school principal for further information.

Please sign below, make one copy for your records, and return the original to your school.

Student's Name: _____ Sports: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Student: _____ Date: _____

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

My child, _____, has my permission to participate and travel with Telluride School District R-1 athletic programs. If the need arises, I authorize school district employees to make such decisions as to assure the health and safety of my son/daughter.

Parent/Guardian's Signature: _____ Date: _____

Home Number: _____ Cell Number: _____ Work Number: _____

INSURANCE VERIFICATION

Parents are responsible to maintain insurance to cover their student during school and school activities - THE SCHOOL DISTRICT DOES NOT PROVIDE THIS COVERAGE. This signed statement verifies that I/we have adequate health and accident insurance to cover our child.

Parent/Guardian's Signature: _____ Date: _____

Name of Insurance Company: _____ Group or Policy Number: _____