

WHITE RIVER SCHOOL DISTRICT SPORTS SAFETY FORM

School Year: _____

BASKETBALL

Office Use Only	
ASB _____	USER _____
Physical Exp _____	

Name:	Grade:	Gender:	Age:	Date of Birth:
Residence (Home Address):			Home Phone:	
Person to call if injured:		Phone:		Alternate Person to call if injured:
				Phone:
Physician Name:	Address:			Phone:
Medication in Use:			Medication Allergies:	
Health conditions coaches should be aware of: _____ is this condition life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No				
School Insurance:	Private Insurance Co:			
Yes: _____ No: _____				

PERMISSION FOR MEDICAL TREATMENT

In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the White River School District's coaching staff to attend our son/daughter. Every effort will be made to contact parent/guardian/emergency contact in order to receive specific authorization before any treatment or hospitalization is undertaken.

Parent Signature: _____ Date: _____

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.

Travel to and from off-campus facilities shall be in accordance with the directions of the head basketball coach.

1. Make certain that you wear all equipment that is issued by the coach.
2. Advise the coach if you are ill or have any prolonged symptoms of illness. Advise the coach if you have been injured.
3. Engage in warm-up activities prior to strenuous participation.
4. Be alert for any physical hazards in the locker room or in/or around the participation area. Advise coach of any hazard.
5. Recognize the possible danger from such actions as: "undercutting" a player, hanging on the basket, throwing a "wild" pass.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques in the basketball program.

I, _____, am the parent/legal guardian of _____ (student). I have read the above warning and release, and understand its terms. I agree to hold harmless the White River School District, its employees, agents, representatives, coaches and volunteers from any and all liabilities, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

Student/Athlete's Signature

Date

Parent/Guardian Signature

Date