

PARENTAL PERMISSION FORM

Assumption of Risk Statement:

WARNING:

I/we are aware that participation in any sport can be a dangerous activity involving risk of injury. I/we understand that the dangers and risk of participation in any sport include, but are not limited to, death, serious neck or spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of the muscular, skeletal system, and serious injury or impairment to other aspects of my body, general health and well being.

Because of the dangers of participating in any sport, I/we recognize the importance of following coaches' instructions regarding playing techniques, proper use of equipment, training and other team rules, and agree to obey such instructions. I/we understand that coaches may use their own judgment in securing medical aid and ambulance services in case of an emergency, or mild injuries where parents cannot be reached. Also, the coach or Athletic Director may apply first aid treatment until the family physician can be contacted.

In consideration of the Lewis-Palmer District #38 permitting me to try out for Monument Academy Athletics and engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in that sport, I/we hereby assume all risks associated with participation and agree to hold the Lewis-Palmer School District #38, Monument Academy, its' employees, agent, representative, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Monument Academy Athletics. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I/we have read the foregoing, acknowledging the "WARNING" above, accept the risks described and agree to abide by the principles and regulations contained therein.

X _____
Student signature Date

X _____
Parent or guardian signature Date

Interscholastic Activities Insurance Waiver

I/we fully understand Monument Academy does not provide accident, health, or life insurance coverage for the above named student while he/she is participating in activities associated with interscholastic sports. I/we further understand that it is my/our responsibility to provide adequate insurance coverage to the above named student.

X _____
Parent or guardian signature Date

PHYSICAL

Monument Academy
Interscholastic Participation Form

PHYSICIAN'S PERMIT FOR ATHLETIC PARTICIPATION:

I certify that I have examined _____ and that the student was found physically fit to engage in any interscholastic sport including but not limited to volleyball, cross country, basketball, track and field, cheerleading, golf and soccer. (Please cross out or list any sport in which the student should not participate.)

Student's Name: _____

Student's Date of Birth: _____

Date of Physical: _____ (valid for one year)

Physician's Signature: _____
(Must be signed by MD or DO)

PLEASE PRINT OR STAMP:

Physician's Name: _____

Address: _____

Phone Number: _____

I give my consent for medical treatment deemed necessary by physicians designated by the school authorities and/or for transportation to a hospital for treatment for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot be personally contacted.

X _____
Parent or guardian signature Date

EMERGENCY INFORMATION

Athlete Name: _____

Parent name (Please Print) and contact number (home and cell):

_____ H: _____ C: _____

_____ H: _____ C: _____

Parent email: _____

Emergency contact names and phone numbers:

Contact #1: _____

Contact #2: _____

Physician name and number:

Insurance Information (Provider, policy number):

DRIVER FORM

Authorization to Use Privately Owned Vehicle on School Business

Driver Information:

Name: _____
Address: _____
Phone: _____
Class of license: _____
Purpose for driving: _____
Dates of driving: _____
Number of Passengers: _____
Vehicle Description: _____

Certification:

In accordance with school policy, approval is requested to use a privately owned automobile on official school business.

A. I certify that whenever I drive a privately owned vehicle on school business, the vehicle will always be:

- 1. Covered by liability insurance for the minimum amount prescribed by the school: \$300,000 single limit or \$100,000 per person/\$300,000 per accident, bodily injury and \$50,000 Property Damage.
- 2. Equipped with one seat belt or child restraint system for every passenger.
- 3. To the best of my knowledge, in safe mechanical condition and adequate for passenger transportation and/or work to be performed.

B. I further certify that while using a privately owned vehicle on official school business, all motor vehicle laws will be obeyed, including all passengers' use of seat belts and the appropriate child restraint systems. Any traffic accidents, no matter how minor, will be reported immediately to the Business Manager at 719- 481-1950.

C. I understand that as a volunteer driver, I am not covered by Monument Academy or the School District 38 automobile insurance.

D. I further certify that I am at least 21 years old, and that I possess a valid Colorado driver license as follows:

License Number: _____
Date of Birth: _____
Expiration Year: _____

E. I further certify that I have not been convicted of driving under the influence, driving while impaired, careless driving, or reckless driving in the past five years. I have either attached a current Colorado Motor Vehicle Report or I authorize the school district to obtain a copy of my MVR from the State of Colorado.

X _____
Parent or guardian signature Date

CONSENT TO RIDESHARE

I give my child _____, permission to ride with a school approved driver in a private (non-school owned) car.

X _____
Parent or guardian signature Date

******PLEASE ATTACH A COPY OF YOUR DRIVER'S LICENSE AND INSURANCE TO THIS FORM! ******