

KENOSHA UNIFIED SCHOOL DISTRICT ATHLETIC PERMISSION FORM

Please enter your insurance information into these two fields:

Insurance Carrier: _____ Policy Number: _____

Permission to Participate

I hereby give my permission for the above named student to practice, compete, and represent the school in WIAA regulated interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician or advanced practice nurse prescriber. This letter shall be provided to each student when they sign up to participate in a sport. No athlete will be permitted to participate until this form is signed and on file with building athletic director. This form serves as a notification of parental (guardian) permission to participate in the sport of:

(Drop Down Selection)

Responsibility to Return All School Issued Uniforms/Equipment

I agree to be financially responsible for the safe return of all athletic uniforms and equipment issued to him/her. I understand that my son/daughter is responsible for any uniform or equipment that is assigned specifically to him/her, and agree to reimburse the school the actual replacement value of the uniforms/equipment in the event that they are lost or stolen. I understand that failure to reimburse KUSD in a timely fashion could affect my son/daughter's athletic eligibility.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, the team physician or any other physician present, and to be conveyed to emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver

I certify that I have adequate insurance coverage on the above named student to cover medical expenses in the event of an athletic related accident or injury.

Signature

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above named student to participate in the KUSD Athletic Program.

Parent/Guardian Signature

Date

Athlete Signature

Date