JEFFERSON COUNTY PUBLIC SCHOOLS

_____ _____ _____
(Last Name) **(First Name)** **(Middle)**

_____ **GENDER:** **M** **F** **(circle one)**
(Birth date)

NUMBER OF YEARS IN: MIDDLE SCHOOL _____HIGH SCHOOL _____YEAR ENTERED 9TH GRADE:_____

NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR:_____.

_____ _____ _____
(Home Address) **(Zip)** **(Home Phone #)**

PARENT/GUARDIAN:_____ WORK PHONE#:_____

EMERGENCY CONTACT:_____ PHONE#:_____

PHYSICAL EXAM COMPLETED: YES_____NO_____
GROUP ATHLETIC INSURANCE PAID: YES_____NO_____

LAST SCHOOL ATTENDED:_____ YEAR (S):_____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

PHONE:_____

PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. _____

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. _____

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. _____

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. _____

I have medical and hospital insurance with:_____The certificate number is:_____

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the $5.00 tryout premium and agree to pay the additional $15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is full excess and benefits are payable for "Reasonable and Customary" expenses that are not recoverable from another plan providing medical benefits to the maximum of $25,000. If not covered by another plan, the excess provision shall not apply and benefits are payable up to but not to exceed $25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of $25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

_____ _____
(Student's Signature) **(Parent's Signature)**

This form notarized the _____day of _____20_____.Notary Public_____
My commission expires on the _____day of _____20_____.