

ATHLETIC PARTICIPATION PERMIT

To the Parents/Legal Guardians:

Please check or answer the statements given below:

1. Name (student) _____
Last
First
Middle

2. Address (family) _____
Telephone _____

3. Family Doctor _____
Telephone _____

4. I hereby give my permission for _____ to participate in the Aurora Public School Athletic Program in the following sport (please circle):

High School: Baseball, Basketball, Cheerleading, Cross Country, Football, Golf, Gymnastics, Pompons, Soccer, Softball, Swimming, Tennis, Track, Volleyball, and Wrestling.

Middle School: Basketball, Soccer, Swimming, Track, Volleyball and Wrestling.

5. All students participating in interscholastic athletics are required to be covered by a student injury insurance plan. The following plans are acceptable. Please indicate the coverage for your child.

a. Student's injury plan available through the Aurora Public Schools. Yes No

b. Family student injury plan available through _____

c. Military insurance coverage is acceptable. Please list identification number _____

6. In case of accident or serious illness, whom should the school call when parents cannot be reached by telephone? Please give names and telephone numbers of persons who can get word to you or take responsibility.

Name	Address	Telephone
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7. We understand that there is a risk of _____
(Name of student)

being injured that is inherent in all sports. We realize the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis or even death, and we release and discharge the Aurora Public Schools, their agents, employees and directors, from any and all liability for such injury resulting, directly or indirectly, from such participation. We further recognize and agree that the Aurora Public Schools do not waive their defenses provided by the Colorado Governmental Immunity Act.

_____, 20____
Date of this Report

Parent's Signature