

WINDOW ROCK SCHOOLS ACTIVITIES ELIGIBILITY FORM

STUDENT INFORMATION:

Name: _____ Last _____ First _____ Middle _____

Address: _____

Zip Code: _____ Phone: (_____) _____

Birth Date: _____ Grade: _____

PARENT PERMISSION / INSURANCE

I hereby give permission for the above-named student to engage in athletic activities in Middle or High School for _____ school year.
Window Rock Schools will not provide accident insurance for any student participating in the sports program at Window Rock. Medical insurance in the responsibility of the parent/guardian. WRUSD strongly recommends that each participant be covered on an accident insurance policy. If a family policy covers your son/daughter in case of injury while participating in interscholastic activities, verify this insurance by giving the name of the insurance company below.

Insurance Company: _____

Policy No. _____

Please indicate by marking an "X" if you do not have insurance (_____)

We do not have insurance but will allow _____ to participate in Window Rock extra-curricular activities for the _____ school year.

The above named student has chosen to participate in organized interscholastic athletics, realizing that such activity involves the potential injury, which is inherent in all sports. I/We acknowledge that even the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. Your signature below indicates that you have been informed of the risk and that you waive your right to hold Window Rock Schools liable for any injuries or damages related to your son/daughter:

Home Phone: _____ Work Phone: _____

Parent/Guardian Signature _____ Student Signature _____

EMERGENCY CONTACT:

In case of emergency contact:

Name/Relationship _____ (_____)
Phone _____

Name/Relationship _____ (_____)
Phone _____

CONSENT FOR EMERGENCY CARE

BE IT KNOWN that I, the undersigned parent or guardian of the student, do hereby give and I grant unto any medical doctor or hospital my consent and authorization to render such aid, treat or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in interscholastic activity sponsored or sanctioned by Arizona Interscholastic Association, Inc. of which the above-named high school is a member.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that any expenses incurred will be paid for by insurance or the parent of the student. Payment of the expense is not a school responsibility.

DATE the _____ day of _____, 20____, at _____, Arizona.

Parent/Guardian Signature _____

Family Physician _____ Address: _____

Phone _____ Home Phone _____

Hospital _____ Chart No. _____