

# WINDOW ROCK SCHOOLS ACTIVITIES EMERGENCY FORM

## STUDENT INFORMATION:

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_ City \_\_\_\_\_

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 is the responsibility of the parent/guardian. WRUSD strongly recommends that each participant be covered by 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 KNOW 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 by the parent of the student. Payment of the expense is not a school responsibility.

DATED the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_, Arizona.

\_\_\_\_\_  
Parent/Guardian Signature

Family Physician \_\_\_\_\_ Address \_\_\_\_\_

Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Hospital \_\_\_\_\_ Chart No. \_\_\_\_\_

EMAIL ADDRESS FOR PARENTS: \_\_\_\_\_

\_\_\_\_\_