

STEAMBOAT SPRINGS SCHOOL DISTRICT RE-2  
Steamboat Springs Middle School  
39610 Amethyst Dr.  
Steamboat Springs, CO 80487  
970-879-1058  
Principal: Tim Bishop  
Assistant Principal/Athletic Director: Jerry Buelter



**AUTHORIZATION FOR ATHLETIC PARTICIPATION**

PLEASE PRINT: \_\_\_\_\_ Grade (Circle)  
Name: (Last, First, M.I.) \_\_\_\_\_ 7 8  
Address: \_\_\_\_\_  
Name of Parent/Legal Guardian: \_\_\_\_\_  
Phone # in case of emergency: \_\_\_\_\_

**PHYSICIAN'S STATEMENT**

"I certify that I have on this date examined this student and that, on the basis of this examination and the student's medical history as furnished to me, I have found no reason which would make it medically inadvisable for this student to compete in supervised athletic activities except for those crossed out below.

- |                      |            |
|----------------------|------------|
| Basketball           | Track      |
| Football             | Volleyball |
| Cheerleading         | Wrestling  |
| Cross Country Skiing |            |

Date of Examination: \_\_\_\_\_

Signed: \_\_\_\_\_ MD

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

**This form must be completed in all detail and filed in the office of the Principal before the student will be allowed to practice or compete in athletics.**

## PARENT OR LEGAL GUARDIAN PERMISSION

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. Players must obey all safety rules, report all physical problems to their coaches follow a proper conditioning program and inspect their own equipment daily.

By signing this Form, we acknowledge that we have read the above information. **PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISK DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.**

**I hereby give my consent for the student named:** \_\_\_\_\_

1. To represent his/her school in approved athletic activities except those specifically crossed out on the front of this book form by the examining medical doctor.

2. To accompany any school team of which he/she is a member on its out-of-town trips. The athletes will be transported to and from all events on school district vehicles. Parents wishing to have their students ride with them when returning from an event must make arrangements with the coach in charge and sign a waiver.

3. To receive, through a medical doctor of the school's choice, emergency medical care which may become reasonably necessary in the course of such athletic activities or such travel.

I further agree not to hold the school or anyone acting in its behalf responsible for any injury occurring to the above named student in the proper course of such athletic activities or travel.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Legal guardian**

I have read the foregoing and will abide by the principles and regulations contained therein.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Student**

## ATHLETIC INSURANCE WAIVER

I fully understand that the Steamboat Springs School District does not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic athletics. I fully understand that I must provide insurance coverage for my son/daughter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
**Parent/Legal Guardian**

My son/daughter is presently covered under a policy issued by:

\_\_\_\_\_  
**Insurance Company**

Signature: \_\_\_\_\_  
**Parent/Legal Guardian**

I wish to enroll my son/daughter in a supplemental insurance program offered by an insurance company authorized by Steamboat Springs School District:

Signature: \_\_\_\_\_  
**Parent/Legal Guardian**

