



ATHLETIC PARTICIPATION CONSENT AND LIABILITY DISCLOSURE

Name: _____ Student ID: _____ School Year: _____
 Address: _____ City/State: _____ Zip: _____
 Phone: (____) _____ Previous School: _____
 Insurance CO: _____ Name on Policy: _____
 Group Plan/Policy No: _____ Hospital Preference: _____

EMERGENCY CONTACT (parent/guardian to be contacted in an emergency)

Name: _____ Relationship: _____
 Cell Phone 1: _____ Cell Phone 2: _____
 Work Phone: _____ Home Phone: _____

ADDITIONAL CONTACT (different residence to contact when primary cannot be reached)

Name: _____ Relationship: _____
 Cell Phone 1: _____ Home Phone: _____

Parents/legal guardians may make a photocopy or print off these forms for their own files if they wish. A copy of these forms will be kept electronically or at the school as long as the student is enrolled at APA. Parents/guardians may request the opportunity to review the forms each year by contacting the school A.D. Students who are selected to a team must have a physical examination by a qualified medical provider in accordance with UHSAA policy. I understand that my child is required to have a physical examination **completed prior to tryouts**, practice, and competition in interscholastic athletic programs at APA. This exam is at the expense of the student/parent/guardian. **I understand that a physical exam will be required every year of participation and it cannot expire within the season that the athlete is trying out for. It is further understood that at anytime the student is denied to participate due to an existing prescribed condition; CLEARANCE FORM must be completed along with an updated and fully completed (FORM B) by the attending physician before participation can be resumed.**

The safety and well being of students is our greatest concern at an American Preparatory Academy. Every reasonable effort is made to ensure that activities are conducted in a safe manner. However, athletic participation carries with it certain unavoidable, unpredictable, and inherent risks and dangers that no amount of care, caution, or instruction can eliminate. By signing below, the student and parent/legal guardian consent to the participation of the student in APA athletic activities.

Participation in Junior high or high school athletics carries with it potential for serious injury, property loss, or even death. The risks include, but are not limited to, those caused by the physical condition of the athlete, terrain, facilities, water conditions, lack of hydration, temperature, weather, condition of equipment, vehicular traffic, and actions of other people including coaches, participants, spectators, volunteers, event officials, and others. We, the undersigned, hereby acknowledge the risks of participating in these athletic activities. By signing below, we certify that the student is physically fit and has not been advised otherwise by a qualified medical person.

The undersigned, student, and parent/legal guardian, in consideration of having the student participate in the athletic activities, hereby release, indemnify, and hold harmless APA and its schools, employees, agents, and other participants of and from any and all claims, liabilities, and expenses (including attorneys' fees) arising from death, personal injury, illness, property damage, theft, and other losses arising directly or indirectly from the student's participation in the athletic activities.

Student Initial _____ Date _____

Parent/Guardian Initial _____ Date _____



INSURANCE INFORMATION/MEDICAL RELEASE

Participation in junior high or high school athletics has many rewards and provides opportunity for growth, skill development and enjoyment. However, it is important that both the participant and the parents/legal guardians realize that an element of physical risk is present when one is involved in athletics. The purpose of this form is to clarify some issues regarding health and accident insurance, and to obtain permission to secure appropriate medical assistance in the event that your son/daughter should be injured.

APA and the District insurance **does not** cover personal injury that is the result of athletic participation. The Utah High School Athletic Association (UHSAA) does provide catastrophic insurance coverage but it is secondary in nature and is subject to a \$25,000 deductible. It covers events that are sanctioned by the UHSAA as well as approved travel to and from those events. It also covers supervised practices and direct travel pertaining to those practices. **It is important that you check with your own insurance carrier to be certain that athletic injuries to the student would be covered by your own policy.**

The Catastrophic insurance policy provided by the UHSAA does cover injuries that result from an accident incurred with "school transportation" going to or from our game sites. Students or parents/legal guardians that choose to provide their own transportation to or from our games sites must carry their own insurance and have filled out, signed, and returned a "Transportation Release Form" to the school at least 48 hours in advance.

I hereby give my permission to the proper authorities of a team sponsored by APA or the District to seek appropriate medical assistance for my son/daughter in the event of any injury. School/team officials will attempt to contact me before arranging any outside medical care unless the situation demands immediate emergency care. I understand that neither the school nor the District has responsibility for the payment of the medical costs incurred in the event of an athletic injury. I also consent to have my son/daughter transported by a school or District employee or by ambulance in the event of illness or injury. I hereby represent and warrant that I am duly authorized to execute this document.

Student Initial _____ Date _____

Parent/Guardian Initial _____ Date _____

PARENT PERMISSION AND AUTHORIZATION FOR TREATMENT

As a parent/guardian, I hereby give my consent for the above student to represent his/her school in extracurricular activities at APA. I also give consent for him/her to travel to and from athletic contests and practice sessions and will not hold the school responsible in case of accident or injury whether it be enroute to or from an event or during practice or an extracurricular activity.

I understand that there is risk involved in participating in junior high or high school athletics. I further realize that potential injuries may be severe in nature and may lead to accident or death. I give my consent for treatment deemed necessary by any physician, athletic trainer, nurse, or school representative for any illness or injury resulting from his/her participation.

I take full financial responsibility for any injuries which may occur to my child during his/her participation in extracurricular activities.

I understand that my child is required to have a physical examination completed prior to tryouts, practice, and competition in interscholastic programs **annually** while I attend APA. This exam is at the expense of the student/parent or legal guardian.

We have read and understand the instructions on this form. Campus: _____

Student Signature _____ Date _____

Parent/Legal Guardian Name (Please print) _____

Parent/Legal Guardian Signature _____ Date _____