

Bishop Kelly High School
7009 Franklin Road, Boise, ID 83709 208-375-6010
Sports Medicine Information/Participation Permission Slip
School Year 20__- 20__.
PLEASE PRINT ALL INFORMATION

Athlete

_____/_____/_____
Last Name First Name Grade Birth Date Gender

Medical Doctor _____ Phone _____

Medications _____ Allergies _____

Known Medical Conditions _____

Insurance Company _____ Phone _____

Plan or Group Number _____ Policy or Subscriber Number _____

My signature below confirms my consent that the team physician, athletic trainer, sports medicine staff, or coaches may apply first aid treatment until the athlete's primary physician can be contacted. AND, team physician, athletic trainer, sports medicine staff or coaches are to use their own judgment in securing medical aid and ambulance service in case the parents can't be reached.

Parent/Guardian Signature Date

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS, RELEASE ASSUMPTION OF RISK AND
AGREEMENT TO HOLD HARMLESS**

- Student athlete AND a parent or guardian must read carefully and sign prior to participation in any athletic activity/ students must check off all sports in which they may participate.

☐ Football ☐ Soccer ☐ Volleyball ☐ Swimming ☐ Cross Country ☐ Basketball ☐ Wrestling ☐ Track
☐ Baseball ☐ Lacrosse ☐ Softball ☐ Golf ☐ Tennis ☐ Cheerleading ☐ Dance

We, the undersigned, are aware that participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. We understand the dangers and risks of participation in practice or competition in the sport(s) checked above. These include, but are not limited to; death; serious neck and spinal injuries which may result in complete or partial paralysis; serious injury to virtually all internal organs; serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the musculoskeletal system.

Because of the dangers of participation in athletic activities, we recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc. and agree the student athlete shall obey such instructions.

In consideration of Bishop Kelly High School for permitting the student athlete to try out for sport(s) checked above and to engage in all activities relating to that sport, including, but not limited to, trying out, practicing or competition in that sport, we hereby assume all the risks associated with participation and agree to hold Bishop Kelly High School's employees, agents, representatives, coaches, sports medicine staff, and volunteers harmless from any and all liabilities, action, causes of action, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with the student athlete's participation in any activities related to the sport(s) checked above.

The terms hereof shall serve as a release and assumption of risk for the student athlete and parent/guardian and their heirs, estate, executor, administrator, assignees, and for all members of our family.

I specifically acknowledge that the following checked sport(s) is (are) a VIOLENT CONTACT SPORT(S) and participation involves greater risk of injury than other activities. ☐ Football ☐ Wrestling ☐ Soccer ☐ Volleyball ☐ Baseball ☐ Basketball ☐ Softball ☐ Lacrosse

Print Student Athlete Name Date

Student Athlete Signature Parent/Guardian Signature

RETURN COMPLETED FORM TO: Sport Medicine Coordinator @ Bishop Kelly High School