

**FLOWING WELLS JUNIOR HIGH SCHOOL INSURANCE LIABILITY FORM**

STUDENT’S NAME \_\_\_\_\_ Grade: 7 8 Gender: M F

Last First Middle

Address \_\_\_\_\_ # \_\_\_\_\_ AZ \_\_\_\_\_  
Sp or Apt. City Zip Code

Home Phone \_\_\_\_\_ Parent’s work phone: Mother \_\_\_\_\_ Father \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone \_\_\_\_\_

(Persons who can answer in your behalf for your son/daughter in case of emergency)

Family Physician: \_\_\_\_\_ Phone \_\_\_\_\_

Address or Location: \_\_\_\_\_

**STATEMENT OF INSURANCE COVERAGE (Check either Option #1 or Option #2)**

**OPTION #1**

I/We affirm that I/We am/are the parent or legal guardian of the above named student. I/We request that the above named student be exempt from the school accident insurance requirements for students’ participation in athletics. I/We represent that the above named student is currently covered and will be covered during the present school year by an accident insurance policy which provides protection at least in the equivalent sums and coverage’s as the policy offered by the school. This includes coverage’s in the event of injury in a school-supervised game or activity.

\_\_\_\_\_  
Name of Insurance Policy/Group/Insurance Identification # **(REQUIRED IF SELECTING OPTION #1)**

**OPTION #2**

I/We desire to purchase student activity insurance through school. **(MUST COMPLETE SCHOOL INSURANCE FORM AND ATTACH WITH TOTAL PAYMENT. SCHOOL INSURANCE FORMS AVAILABLE IN FWJHS OFFICE)**

**PARENT OR GUARDIAN PERMISSION:**

I/We give our permission for the above named student to participate in organized junior high school athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with qualified coaching, use of approved equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

**CONSENT FOR EMERGENCY CARE:**

**BE IT KNOWN** that I, undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be rendered, on an emergency basis, in the event said student should be injured or stricken ill while participating in junior high athletic activities.

**IT IS HEREBY** understood that the consent and authorization hereby given and granted are continuing and are intended by me to extend throughout the responsibility.

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

**RESPONSIBILITY FOR EQUIPMENT RETURN:** I/We agree to be responsible for the safe return of all athletic and/or activity equipment issued by the school to the above named student. I/We also agree to be responsible for payment of any lost or damaged equipment issued by the school to the above named student.

Date: \_\_\_\_\_ I/We have read, understand, and agree to all of the above statements and their conditions.

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

**BIRTH CERTIFICATE:** Copy of certified record of birth on file with Flowing Wells Junior High Registrar? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Students who turn fifteen years of age before September 1<sup>st</sup> of the current school year are ineligible to participate in Northwest League contest.

**MUST be completed and signed by Parent/Guardian and student must have insurance in order to participate in after school sports.**