

Name (as on school records) _____ Student Number _____

Grade (circle all that apply) 9 10 11 12 Cottonwood AMES Other _____

List All High School(s) attended _____

Participation in high school athletics is a privilege. To be eligible complete the following checklist and return it. Any mandatory forms and/or requirements that are incomplete or missing will prevent your participation in athletics at Cottonwood. This is your responsibility.

ACKNOWLEDGEMENT OF RISK
INFORMED CONSENT FOR PARTICIPATION IN SPORTING EVENTS

Statement of Consent and Acknowledgement

By signing below I hereby consent to the above named student participating in interscholastic athletics. This consent includes travel to and from contests, training (running, walking, biking, blading) on public roadways, practice sessions, and other related events.

By signing, I hereby acknowledge that I have reviewed and understand the information contained in this packet , including the Head Injury Policy Guidelines, and that I have been advised, cautioned, and warned by athletics personnel and/or school officials about the risk of injuries associated with participation in athletic activities and sporting events, as that term is defined in under Utah law, and which includes but is not limited to, interscholastic or intramural camps, tryouts, practices, and competitions for school sanctioned sports, club sports, cheerleading, dance, drill team, or other activities where injuries are likely to occur. I am fully aware that participation in such athletic activities and sporting events exposes students to the risk of injury, ranging from, minor, to severe, including but not limited to: **sprains, fractures, partial or complete impairment of limbs , brain injury, paralysis, and even death.** I understand that coach instruction, protective equipment, and medical care provided do not eliminate these risks. I have addressed any questions or concerns with coaches or other school officials. Having been so cautioned and warned, it is still my desire to allow the above named student to participate in athletic activities and sporting events, and I do so with full knowledge and understanding of the risks involved.

In a continued effort to provide the safest athletic experience to the our student athletes, Granite District high schools forms contract with organizations specializing in the care and treatment of athletes and provide the school with licensed athletic trainers. Athletic Trainers providing services to students are independent contractors and not employees of Granite School District or its high schools'. Neither Granite School District nor any organization providing medical contracted service or advice to students shall be liable for any obligation incurred by the other. Parents and/or legal guardians are always free to seek medical services or advice from their own health care professionals.

Signature of athlete _____ Date _____

Signature of parent/guardian _____ Date _____

Consent Form: I have read the "ImPACT Consent letter" and the "Heads up Concussion Fact Sheets". I acknowledge and understand its contents. Any questions have been answered to my satisfaction. I agree to participate in the ImPACT Concussion Management Program. I hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion. I also acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of a concussion.

Student Signature _____ Date _____

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the signs, symptoms, and risks of sport related concussion.

Parent signature _____ Date _____

I have read and discussed the "Cottonwood High School Anti-Hazing Anti-Bullying Form" and "Student Training Form" with my parent/guardian and I agree to all terms contained within those documents. I understand that hazing is illegal. All forms of hazing are **not** acceptable as any part of athletic participation or programs of/at Cottonwood High School. As a student athlete at Cottonwood High School, I agree to abide by the athletic department policy of not participating in any form of hazing or bullying. Further, I have completed viewing the "Student Hazing/Bullying DVD" as part of the Granite School District Training, available @ http://www.youtube.com/watch?v=Yhpp46GncHg&feature=em-upload_owner.

Student Signature _____ Date _____

As a parent of a student athlete at Cottonwood High School, I agree that my son/daughter will abide by the athletic department policy of not participating in any form of hazing or bullying. And, I have discussed the "Cottonwood High School Anti-Hazing Anti-Bullying Form" and "Student Training Form" with my student athlete.

Parent signature _____ Date _____

CONSENT FOR EMERGENCY CARE AND INSURANCE

I, the undersigned, am the parent or legal guardian of _____, a minor. In my absence during the 2019-2020 school year, I extend power of attorney for authorizing medical care of the above named minor to the ___ High School coaching staff, including trainers, and/or to emergency response personnel.

If your student is NOT currently covered by insurance PLEASE READ THE FOLLOWING CAREFULLY:

Granite School District helps make student insurance available for sport seasons or for the entire school year. Please request forms and information from school's main office or at the district from the Prevention and Student Placement office. **Parents/guardians are solely responsible for obtaining health insurance for students. Granite School District and its schools, coaches, administrators, and employees are not responsible or liable for injuries or resultant medical treatments associated with your student's participation in any athletic program, sporting event, or activity. If, for any reason, you choose not to purchase insurance for your student, you personally assume all responsibility and liability for the same.**

By signing below, YOU SIGNIFY AND AGREE TO THE FOLLOWING: My student is covered by insurance, I am obtaining insurance coverage for my student, or I am allowing my student to participate in athletic events and activities without insurance, which means I understand the risks and assume all responsibility and liability for any injuries or medical treatments associated with such participation.

Signature of Parent/Guardian _____ **Date** _____

Sport specific Risk Consent Form: I have read and understand fully the "Sport specific risk form". I acknowledge and understand its contents. Any questions have been answered to my satisfaction. I hereby acknowledge having received education about the risks of sports participation. I also **acknowledge my responsibility to report to my coaches, parent(s)/guardian(s) any signs or symptoms of injury.**

Student Signature _____ Date _____

I, the parent/guardian of the student athlete named above, hereby acknowledge having received education about the **risks of sports participation.**

Parent signature _____ Date _____

Complete this form (sign everything), scan sheets, and upload to your RegisterMyAthlete account. *Cottonwood Athletics have gone paperless Illegible or incomplete forms will result in ineligibility to participate in athletics at Cottonwood High School. If you have any questions or concerns, contact Coach Hirschi jhirschi@graniteschools.org or Coach Southwick gjsouthwick@graniteschools.org.