

~ EXTRA-CURRICULAR ACTIVITIES WAIVER OF LIABILITY ~

Print, complete, and return this form to the coach or sponsor.

Student _____ Grade _____

Sport/Activity: _____

**Buckeye Elementary School District
Extra-Curricular Activities Registration**

This form must be completed by the student and his/her parents and accompany the Proof of Insurance form, and if applicable the Physical form before a student is allowed to participate or tryout for an extra-curricular activity sponsored by any school within the Buckeye Elementary School District (BESD).

**Parent/Guardian Permission & Waiver of Liability
& Authorization for Emergency Care**

I hereby give my consent for the above named student to participate in interscholastic teams or extra-curricular activities for this school year. I also agree to reimburse the BESD for equipment or uniforms issued to my child should they become lost, stolen, or ruined. I understand that BESD cannot accept responsibility for personal items or school uniforms lost, stolen, or ruined.

I, hereby release Buckeye Elementary School District and its administrators, directors, and employees from any and all liability from property damage, personal injuries, or other claims arising from or in connection with my student's participation in extra-curricular activities or interscholastic sports at BESD schools, including claims that are known and unknown, foreseen and unforeseen, future or contingent.

I have read and understand the BESD Athletic Handbook and/or eligibility rules for students participating in extra-curricular activities.

I authorize the Athletic Director, School Principal, Coach or Sponsor in attendance at any BESD activity to select and secure medical attention as may be necessary for my child as a result of an injury or other events requiring emergency care while I/we are not in attendance at such event.

I hereby release said school official(s) from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

Father/Guardian printed name: _____

Father/Guardian Signature _____ Date: _____

Work Phone _(____)_____

Mother/Guardian printed name: _____

Mother/Guardian Signature _____ Date: _____

Work Phone _(____)_____

Address: _____ City _____, Zip _____

Home Phone: _(____) _____ Date _____

Athlete's date of birth: _____

Note: A current physical exam and proof of insurance must be on file in order for a student to tryout and participate in interscholastic sports for BESD schools.

Family Doctor _____

Preferred Hospital _____

Family Medical Insurance _____

Group or ID # _____

Parent Understanding

I understand participating in interscholastic athletics or extra-curricular activities can be an extremely valuable experience for young people. We, at BESD make every attempt to employ the finest coaches or sponsors, supply our athletes and participants in extra-curricular activities with the best equipment and facilities, and provide our participants with opportunities to develop skills and interests in sports and other activities so they may continue at the high school level. However, student participants are exposed to moving objects, stationary objects, various playing surfaces, transportation and other items that can cause injury and/or death. This communication is being written so you and your student can understand that there are potential dangers involved while participating in any athletic or extra-curricular program before deciding to become involved in these activities at BESD. All information given above is accurate.

Parent Signature _____ **Date:** _____

School Year: _____