

ATHLETIC GOLD-CARD



STUDENT: _____ GRADE: _____

SPORT: _____ DOB: _____

Parent/Guardian Emergency Contact:

Name _____ ph. _____

Name _____ ph. _____

Medical Insurance is required for ALL participants

____ My son/daughter is covered by the athletic insurance I purchased through the school.

____ My son/daughter is fully covered by _____, carried by his/her parent/guardian and the school will not be liable for any injury that occurs during athletic practices, contests or travel to and from athletic contests.

Physician: _____ ph. _____

ALERT: Medical condition coach should be aware of? Yes _____ No _____

If yes, please explain: _____

FOR OFFICE USE ONLY: 1. _P_ 2. _I_ 3. _XC_ 4. _\$_

PARENT/GUARDIAN PERMISSION:

I want my son/daughter to have the privilege of participating in competitive school athletics. Therefore my son/daughter has my permission to compete in sports approved by the Board of Education of Cascade School District and to go with the coach on any regularly scheduled trips. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur.

Parent/Guardian Signature

Date

We (Athlete/Parent) have read and understand the Athletic Handbook of Cascade School District.

Attendance: I understand that I must be in school **all day** in order to participate in practice or a contest. Exceptions are pre-arranged absences, school-initiated absences or approval from the athletic director or building administrator.

Junior High Academic Requirements: In order to participate in athletics for grades 6-8, I must be passing all of my classes and maintain a 2.0 GPA. My grades will be checked four times per trimester (roughly every three weeks). If I do not meet the requirements I will be ineligible for games for one week or until my grades improve. If I do not meet the requirements after one more week I will not be eligible to practice or participate in games until I bring my grade up. I understand that my grades may be monitored more frequently after I become eligible.

Student's Signature

Date

Parent

Student