

**JEFFERSON COUNTY PUBLIC SCHOOLS**

\_\_\_\_\_ (Last Name) \_\_\_\_\_ (First Name) \_\_\_\_\_ (Middle)  
 \_\_\_\_\_ (Birth date) **GENDER:** M F (circle one)  
 NUMBER OF YEARS IN: MIDDLE SCHOOL \_\_\_\_\_ HIGH SCHOOL \_\_\_\_\_ YEAR ENTERED 9<sup>TH</sup> GRADE: \_\_\_\_\_  
 NUMBER OF YEARS PLAYED VARSITY SPORTS COUNTING THIS YEAR: \_\_\_\_\_  
 \_\_\_\_\_ (Home Address) \_\_\_\_\_ (Zip) \_\_\_\_\_ (Home Phone #)  
 PARENT/GUARDIAN: \_\_\_\_\_ WORK PHONE#: \_\_\_\_\_  
 EMERGENCY CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_  
 PHYSICAL EXAM COMPLETED: YES \_\_\_\_\_ NO \_\_\_\_\_  
 GROUP ATHLETIC INSURANCE PAID: YES \_\_\_\_\_ NO \_\_\_\_\_  
 LAST SCHOOL ATTENDED: \_\_\_\_\_ YEAR (S): \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 PHONE: \_\_\_\_\_

**PARENT PERMISSION/RELEASE – HIGH SCHOOL ATHLETICS**

I acknowledge receipt of a copy of the K.H.S.A.A. Eligibility Rules and Regulations and am familiar with these requirements. \_\_\_\_\_

I understand the personal safety of the student is of first importance to the school. In the event of needed professional medical care, I give my permission for a representative of the school to transport my child to the nearest medical facility and for staff of that facility to render treatment. \_\_\_\_\_

\*\*\*PREFERRED HOSPITAL \_\_\_\_\_

I agree to be responsible for equipment issued by the school and to return same property upon request by the school. \_\_\_\_\_

I consent for my child to participate in athletics during this school year and understand the school will pay NO medical or drug bills for accidents incurred in this activity/sport. \_\_\_\_\_

I have medical and hospital insurance with: \_\_\_\_\_ The certificate number is: \_\_\_\_\_

I understand there is NO waiver for the Group Athletic Insurance Program for all participation athletes. I have paid the \$5.00 tryout premium and agree to pay the additional \$15.00 premium in the event my child becomes a member of any respective athletic team. This insurance is a secondary policy with coverage limitations and benefits are payable for "Reasonable and Customary" expenses with a benefit maximum of \$25,000. The K.H.S.A.A. carries a catastrophic policy on all athletics that provides coverage in excess of \$25,000.

This Permission/Release form MUST BE SIGNED, NOTARIZED AND RETURNED to the Athletic Department before the student will be permitted to participate.

\_\_\_\_\_ (Student's Signature) \_\_\_\_\_ (Parent's Signature)

This form notarized the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_. Notary Public \_\_\_\_\_

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.