

NEW

**WARNING: AGREEMENT TO OBEY INSTRUCTIONS, RELEASE, ASSUMPTION OF RISK, AND \* AGREEMENT TO HOLD HARMLESS**

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(Both the applicant student and parent or guardian must read carefully and sign.)

**SPORT** (Check applicable spaces):

- Football
- Basketball
- Track
- Volleyball
- Wrestling
- Baseball
- Cross-County
- Gymnastics
- Softball
- Soccer
- Swimming
- Tennis
- Golf
- Crew

**STUDENT**

I am aware that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that the dangers and risks of playing or practicing in the above-checked sport(s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the skeletal system, and serious injury or impairment to other aspects of my body, general health and well-being. I understand that the dangers of playing practicing to play/participate in the above-checked sport(s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above-checked sport(s). I recognize the importance of following coaches instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

In consideration of HURRICANE High School permitting me to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to, trying out, practicing or playing / participating in that sport(s). I hereby assume all the risks associated with participation and agree to hold HURRICANE High School of Putnam County School District, (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the HURRICANE High School athletic team (s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS and BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Student Signature \_\_\_\_\_

**PARENT/GUARDIAN**

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student).

I have read the above warning and release and understand its terms. I understand that all sports can involve **MANY RISKS OF INJURY**, including, but not limited to, those risks outlined above.

I consideration of HURRICANE High School permitting my child to try out for the above-checked sport(s) and to engage in all activities related to the team(s), including, but not limited to trying out, practicing or playing/participating in that sport(s). I hereby agree to hold HURRICANE High School of Putnam County School District (city, state), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation of my child/ward in any activities related to the HURRICANE High School athletic team(s) checked above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that **FOOTBALL, WRESTLING, GYMNASTICS and BASEBALL** are **VIOLENT CONTACT SPORTS** involving even greater risk of injury than other sports.

Date \_\_\_\_\_ Parent/Legal Guardian Signature \_\_\_\_\_

PART II - RESIDENCE AND PARTICIPATION

Athlete's Name \_\_\_\_\_ Class \_\_\_\_\_ School Year \_\_\_\_\_  
(Last) (First) (MI)

Home Address \_\_\_\_\_ Parent's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Name of Legal Guardian \_\_\_\_\_

\* Signature of Legal Guardian \_\_\_\_\_

\* Signature of Student-Athlete \_\_\_\_\_

This is my \_\_\_\_\_ semester in HURRICANE High School. Last semester I attended \_\_\_\_\_ (HS/JHS) and passed \_\_\_\_\_ subjects. I have read the condensed eligibility rules of the WVSSAC and I have also read the \_\_\_\_\_ High School Student-Athlete Handbook and I agree to make every effort to keep up my school work and abide by the rules and regulations of the HURRICANE High School Athletic Department and the WVSSAC.

PART III - INSURANCE

HURRICANE High School does not carry student-athlete insurance. It is the responsibility of the parent/guardian of each athlete to make sure that he/she has one or more of the following plans in force:

- (1) Individual or Group Health/Accident Insurance

\* Company \_\_\_\_\_ Policy No. \_\_\_\_\_

- (2) Special Insurance purchased for Football only \_\_\_\_\_

- (3) Student Classroom Accident Insurance \_\_\_\_\_

PART IV - EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

\_\_\_\_\_  
(Student Name) (Parent/Guardian Signature)

- (1) Allergies or Special Problems \_\_\_\_\_

- (2) Date of last tetanus shot \_\_\_\_\_

- (3) Family Physician \_\_\_\_\_ Phone \_\_\_\_\_