

## RELEASE AND ACTIVITY PARTICIPATION

Your son/daughter has expressed a desire to participate in Union High School activities. There is information concerning such participation that is vital for a successful experience. Please read this information carefully. If you have any questions, please contact or call your child's coach or the school athletic director. Before the athlete is allowed to practice or check out uniforms, you are required to read, sign, and return this Release and Activity Participation Document to the appropriate head coach or school office.

1. Each athlete must have on file a passed physical examination. The examination or questionnaire must be completed prior to beginning practice. Costs incurred for the physical examination will be the responsibility of the parent/guardian.

**NOTICE OF RISK:** Student athletes and the student's parent/guardian need to be aware that sport activities involve risk of injury. When an athlete practices, plays, or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting their wellbeing. Instructions given by the coach regarding playing techniques, training, and team rules must be followed.

2. Union Community School District is not liable or responsible for any medical, dental, or hospital bills, occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. ALL injury related expenses should be the responsibility of the student's parents/guardians.
3. **Must check one of the below:**

\_\_\_\_\_ I have insurance that will pay for medical expenses if my son/daughter, \_\_\_\_\_ is injured while participating in a school sport.

Insurance Company: \_\_\_\_\_

Or:

\_\_\_\_\_ I do not have insurance for my son/daughter, \_\_\_\_\_, and I understand that the Union Community School District is NOT responsible and WILL NOT PAY any doctor, hospital and/or medical expenses if my child is injured while participating in any school sport.

4. Recognizing that as a result of athletic participation, medical treatment on an emergency basis may be necessary and school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency medical care, including test, x-rays, surgery, and hospital care as may be deemed necessary under the then existing circumstance.
5. **TRANSPORTATION:**
  - a) The Union Community School District provides transportation for participants both to and from the location of the contest during the normal school day (that is, games immediately following the school day).
  - b) Participants must be transported by District transportation to and from school activities. A Parent/guardian may transport their child home when written request is given to the coach or thru face-to-face request after the school activity.
6. All participants are expected to conform to the rules of scholastic eligibility, participation and training as prescribed by the Iowa High School Activities Association, the Union School District, Union High School code of Conduct, and the coaching staffs (this information will be reviewed prior to the start of the season with each participant).
7. Union Community School District has contracted a licensed athletic trainer and I agree that they may evaluate and treat my son/daughter as needed, or as recommended, by a school coach or employee. I also agree that they may release medical information to teachers, coaches and other school personnel.

I have carefully read, understand, and will comply with all the information discussed in the RELEASE AND PARTICIPATION form.

\_\_\_\_\_  
Signature of Parent/Guardian  
(first and last name)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student  
(first and last name)

\_\_\_\_\_  
Date