

**MIDDLE SCHOOL ATHLETICS  
PARTICIPANTS ASSUMED RISK AGREEMENT**

I am registering for the following athletic activity. Please note separate risk agreements are required for each sport. Both student athlete and parent or legal guardian must carefully read and sign.

FALL:        Football \_\_\_\_\_                      Volleyball \_\_\_\_\_  
WINTER 1: Girls' Basketball \_\_\_\_\_            Wrestling: \_\_\_\_\_  
WINTER 2: Boys' Basketball \_\_\_\_\_  
SPRING:    Coed Track & Field \_\_\_\_\_

I understand that participation of any nature in an athletic activity offered by District 16 can be dangerous and involves the RISK of potential serious injury. I understand these risks, especially those involving contact sports, could involve death, serious head, neck or spinal injuries which may result in partial or complete paralysis. In addition, injuries may occur, which affect all or any part of skeletal, muscular, visual and circulatory systems or may impair my general well being. Such injury could seriously affect my future ability to earn a living or to live a full and productive life.

The use of protective mouth guards is **required** for all participants in football, and is strongly recommended in the sports of volleyball, basketball and wrestling. The decision to use a mouth guard in the recommended sports rests with the participant and guardian.

I understand and am willing to accept responsibility to provide medical insurance protection while a participant in District 16 activities. This may be done by either purchasing an optional medical policy or by having our own medical plan provider. We further understand that in the event we fail to provide such coverage, all expenses related to injury while participation in District 16 activities will be our responsibility.

I have read and fully understand the risk potential indicated above.

\_\_\_\_\_  
Student/Athlete signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

**This is all the paperwork that is needed  
for participating in a 2<sup>nd</sup>, 3<sup>rd</sup> or 4<sup>th</sup> sport.**

(Blue Emergency Card, Risk Agreement, which is this form, and the Athletic fee

2<sup>nd</sup> sport = \$125.00

3<sup>rd</sup> sport = \$100.00

4<sup>th</sup> sport = \$75.00)

**Westwood Middle School Athletic Emergency Card**

**Must be filled out for each sport. Please fill in card completely. All information will remain confidential.**

Participant's Full Name: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Sport \_\_\_\_\_  
Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Father/Guardian Name:	Mother/Guardian Name
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Cell Phone	Cell Phone:

Emergency Contact: \_\_\_\_\_  
Home Phone: \_\_\_\_\_ Alt Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ ClinicName/phone \_\_\_\_\_ Hospital \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_ Health Ins \_\_\_\_\_ Policy ID# \_\_\_\_\_

Please indicate any pertinent previous medical history (illness/injuries) the participant has experienced (heart, breathing, diabetic, joint, neuromuscular, or other condition):  
\_\_\_\_\_

Regular Medications: \_\_\_\_\_ Allergies: \_\_\_\_\_

**In case of accident or illness, I authorize the head athletic trainer or designee to provide appropriate medical care. If an emergency transport is deemed necessary, I authorize the same to summon an ambulance or arrange for transportation for the participant to the hospital listed above, or to the nearest facility based on the conditions pertaining to the incident. I understand that if immediate ambulance transport is deemed necessary, I may not be notified until after the transport has been initiated.**

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_ **Date:** \_\_\_\_\_