

UHSAA and BRHS

Participant & Parental Disclosure and Consent Document

Please note: It is the responsibility of the parent or guardian to notify the school if there are any unique individual problems that are not listed on health examination Form A or B.

Name _____ Grade _____

Birth Date: day _____ month _____ year _____ Gender _____

Parent/Guardian _____ Address _____

Home Phone _____ Business Phone _____ Emergency Phone _____

Family Physician _____

Is the student covered by health/accident insurance? Yes _____ No _____

If yes give the name & policy number of the insurance company _____

If no you must purchase school insurance.

If there is any change in insurance you must notify BRHS immediately.

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation. I recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis or even death. I also understand that a copy of this form will remain at Bear River High school.

I agree that if my student's health changes and would alter this evaluation, I will notify the school within 10 days.

Parent or Guardian signature _____ Date _____

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association or Bear River High School.

Student signature _____ Date _____