

**Humboldt Schools  
Student Participation Form**

**Student Name** \_\_\_\_\_ **School Year** \_\_\_\_\_ **Grade** \_\_\_\_\_  
Please Print

**FOR THE PARENTS/GUARDIANS:**

By signing below, I state that I have read and understand the following:

1. I understand the school board has developed policies that contain certain regulations for academic eligibility, attendance in school, behavior both in and out of school and rules that forbid the use of alcohol, tobacco, and controlled substances. I understand these same policies speak to the question of criminal activity by the student/athletes. I fully understand that my son/daughter may be suspended or dropped from the activity for failure to abide by these rules and regulations. (POLICY 503.4 may be accessed on the Humboldt Community School Website or obtained in the High School Office.)
2. I have reviewed the Good Conduct Policy with my child.
3. I understand that athletic competition includes the inherent risk of injury, including the risk of catastrophic injury. All student athletes should follow safety rules and the fundamental skills taught by their coaches to perform with the least chance of injury. Each student should inspect their own equipment daily.
4. I understand my child will be required to pay the cost of school equipment that is lost or stolen while in his/her care.
5. **INSURANCE**

A. \_\_\_\_\_ My child is covered under our family policy for athletic injury.

The name of our insurance carrier is \_\_\_\_\_

B. \_\_\_\_\_ My child is not covered by a family policy for athletic injury.

\_\_\_\_\_  
**Signature of Parent/Guardian**

\_\_\_\_\_  
**Date**

**FOR THE STUDENT:**

Person to contact if parents/guardians cannot be located:

Name \_\_\_\_\_ Phone: Home \_\_\_\_\_ Other \_\_\_\_\_

This application to compete in athletics for the Humboldt Community School District is entirely voluntary on my part and is made with the understanding I have read the Good Conduct Policy and I will abide by these rules to the best of my ability. I understand I must have a current, completed physical form on file in the athletic director's office before I will be able to participate or practice in interscholastic competition.

I do understand there is some degree of danger in all athletics and that injuries can and do occur; but I must assume some of the responsibility to prevent injuries from occurring. I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and do agree to obey such instructions.

The terms above shall serve as a voluntary release.

**I HAVE READ AND UNDERSTAND THE FOREGOING WARNING, AGREE TO OBEY INSTRUCTIONS, AND ASSUME THE RISK OF PARTICIPATION.**

Date \_\_\_\_\_

\_\_\_\_\_  
**Signature of Student**