

**PELLA COMMUNITY HIGH SCHOOL
STUDENT PARTICIPATION FORM**

Student Name _____ School Year _____

PARENT/GUARDIAN UNDERSTANDING

I understand that the school board has developed policies relevant to the use of alcohol and drugs, tobacco, and citizenship. I further understand that these policies are in force 365 days per year until the completion of a student's high school eligibility.

I understand that these policies are included in the handbook that my child receives at the beginning of the school year.

I understand that athletic competition includes an inherent risk of injury, including the risk of catastrophic injury and even the possibility of death.

I understand that my child will be asked to pay the cost of school equipment lost, stolen or damaged while in his/her care.

INSURANCE COVERAGE

All students participating in athletics should have medical insurance. Please complete the option below that pertains to the coverage for your child.

_____ My son/daughter is covered adequately under our family policy for athletic injury.

_____ My son/daughter is not covered adequately under our family policy for athletic injury. I have purchased school insurance for my child.

ATTENDANCE POLICY

I understand in order for a student to participate in an inter-scholastic event he/she must attend all classes and study halls on the day of the event. Exceptions to this would be for funerals and pre-arranged appointments.

I have read these rules and regulations of participation and I will abide by them.

I have had a current physical examination and have filed this examination form that includes health and injury information with the athletic office.

Parent/Guardian Signature

Student/Athlete Signature

Date

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