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Student’s Name Birth Date Grade Level in 16-17

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Name Phone Email

Your child has expressed a desire to participate in a North Star Athletic Program. Please read this information carefully, if you have any questions please contact your student’s activity adviser, coach, or the school athletic director. Before your child is allowed to participate, you are required to read, sign and return this participation and release form to the appropriate adviser or coach.

**Notice of Risk**: Both students and parents/guardians need to be aware that enrolling/participating in certain activities involves a risk of injury. I understand the risk involved and I desire my child to participate in North Star Athletic Programs.

\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (Initial of parent/guardian AND student)

1. North Star is **NOT** liable or responsible for any medical, dental, or hospital bills occurred as a result of injuries sustained by a student while participating in a school program or activity. All injury related expenses shall be the responsibility of the student’s parents/guardian. Further, the undersigned Parent/Guardian agrees to indemnify and hold harmless North Star Charter School from any and all liability that may arise from the students participation in any program or activity which is the subject matter of this Participation Form. \_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_ (Initial of parent/guardian AND student)
2. Recognizing that, as a result of participation in a school activity, emergency medical care may be necessary and that 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 tests, x-rays, surgery, and hospital care for my child as may be deemed necessary and agree to be responsible for and pay all costs incurred. (Initial of parent/guardian AND student)
3. Insurance waiver (parent/guardian Initial one)
   1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I have insurance that will pay for medical expenses if my child is injured while participating in a school activity
   2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_ I do not have insurance for my child and understand that the school is **NOT** responsible and **WILL NOT** pay any doctor, hospital, or medical expenses if my child is injured while participating in a school activity.
4. Transportation:
   1. North Star will not provide transportation to other schools for activities.
   2. School officials and/or coaches cannot help arrange transportation.
   3. Most school activities require the use of private carriers with the proper owner-operator vehicle form completed and on file in the Athletic Director’s office.
5. North Star Charter School official, coaches, or athletic director may use photographs taken at activities to promote the program and by signing this form, I consent to all use of photographs of my child.

I give permission for my child to participate in the following activities/programs. Please circle and initial the programs/activities the student plans on participating in this school year.

Volleyball\_\_\_\_\_\_\_\_\_ Cross Country\_\_\_\_\_\_\_\_\_ Cheerleading\_\_\_\_\_\_\_\_ Basketball\_\_\_\_\_\_\_\_\_ Track\_\_\_\_\_\_\_\_\_ Ski Club\_\_\_\_\_\_\_\_\_

Open Gyms\_\_\_\_\_\_\_\_ Conditioning programs\_\_\_\_\_\_\_\_ Track\_\_\_\_\_\_\_\_\_\_\_\_

1. Prior to being eligible to practice, each student must have a passed physical examination on file (renewable every two years) and a yearly interim questionnaire filled out by the parent/guardian.
2. All students are expected to conform to the rules of scholastic eligibility, participation, and traings as prescribed by the Idaho High School Activities Association, North Star Charter School, and the athletic coaching staff. This information will be reviewed at parent/guardian preseason meetings.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

I have carefully read, understand, and will comply with all of the above information as outlined in this participation form and hereby agree to indemnify and hold harmless the North Star Charter School from any and all liability that may arise from my child’s participation in any activity which is the subject matter of this Participation form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent/Guardian Signature of Student

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_