

**El Paso-Gridley CUSD #11**

Student Athletic Insurance Waiver and Release  
AND  
Athlete Information Sheet

We hereby state that we have obtained insurance providing hospital and medical coverage on account of any injury sustained by me in connection with the athletic programs carried on by the Board of Education of El Paso-Gridley CUSD #11. Accordingly, the student is enrolled in the School Program Insurance Plan, or has private coverage, and we release the Board of Education of El Paso-Gridley CUSD #11 from any liability therefore.

We further hereby agree that no claim will be made against El Paso-Gridley CUSD #11 or any of its agents or employees in case an injury is sustained.

Participation in athletics involves a certain measure of risk. We realize that risk is present and agree to hold harmless all officials and employees of El Paso-Gridley CUSD #11 for any loss, damage, or liability that arises from athletic participation.

We also give permission for the athletic staff to administer emergency medical treatment and agree to hold harmless those employees who administer such emergency first aid.

Student's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Student's Address \_\_\_\_\_  
\_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_

Phone (Home) \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Physician \_\_\_\_\_ Phone \_\_\_\_\_

Pre-Existing Condition(s) \_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

Medications \_\_\_\_\_

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

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

\_\_\_\_\_  
**Private Insurance Company Name**

\_\_\_\_\_  
**Policy Number**

\_\_\_\_\_  
**Athletic Director**

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

**School Insurance Coverage**