

## Louisa-Muscatine Jr/Sr High School Athletic Form 2021-2022

Parent/Guardian Permission Acknowledgement  
Insurance Information, Good Conduct Policy Agreement

**Complete this form if your student is participating in one or more sports activities.**

Student's Name: \_\_\_\_\_

Grade (circle one): 7th 8th 9th 10th 11th 12th

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

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

Student's Email: \_\_\_\_\_

Student's Cell Phone: \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Physician: \_\_\_\_\_

Physician Phone: \_\_\_\_\_

### Parent/Guardian Permission & Acknowledgement

I/We understand that accidents may occur in athletic events, even though normal acceptable safety precautions have been taken. My son/daughter has my/our permission to practice and compete in the interscholastic program.

I/We give my/our permission for the team's physician, certified athletic trainer or other qualified personnel to give first aid treatment to my/our son or daughter at an athletic event in case of injury.

The Louisa-Muscatine Community School District is not liable, nor responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parent or guardian.

### Insurance Information

(Please check one box)

I have insurance with (company name) \_\_\_\_\_ that will pay for medical expenses if my/our son/daughter is injured while participating in a school sport.

I do not have insurance for my/our son/daughter and understand that the school district is **NOT** responsible and **WILL NOT PAY** any doctor, hospital, medical or dental expenses if my child is injured while participating in any school sport.

I plan to purchase insurance through the school district's program offer. Brochures are available in the Jr/Sr High Office. Questions concerning the plan may be directed to Student Assurance Services at 800-328-2739 or [www.sas-mn.com](http://www.sas-mn.com).

### Good Conduct Policy Agreement

We hereby acknowledge that we have read and understand the Louisa-Muscatine School District's Good Conduct Policy. We understand the consequences and penalties for violations of these rules and regulations. The Good Conduct Policy can be found in the L-M Student Planner.

### IMPORTANT - Concussion Acknowledgement

Students participating in interscholastic athletics, cheerleading and dance, and their parents/guardians, must sign the acknowledgement below and return it to the school. Students cannot practice or compete in those activities until this form is signed and returned.

**We have received the information provided on the concussion information sheet titled, "HEADS UP: Concussion in High School Sports".**

_____ Parent's/Guardian's Signature	_____ Date	_____ Student's School
_____ Student's Signature	_____ Date	_____ Student's Printed Name

**NOTE: This form, along with a current Athletic Pre-Participation Physical Examination form, must be on file with the Activity Director's Office before participation will be allowed. Costs incurred for the physical examination will be the responsibility of the parent/guardian.**