STUDENT'S NAME _____

(Please print clearly)

ATHLETIC TRAINER AUTHORIZATION

North High School hires a certified and registered athletic trainer for the purposes of educating student-athletes and preventing and treating injuries to student-athletes while participating in school related athletic events and programs.

I give my permission for the athletic trainer to treat injuries and discuss any injuries or medical conditions with coaches, school staff and other qualified health care providers as deemed necessary within their scope of practice.

I understand that in case of an emergency or illness requiring transportation to a health care facility, every attempt will be made to contact me but that, if necessary, the student-athlete will be transported via ambulance to the nearest hospital.

I have read this form and understand its contents at this date and time.

_____	_____	_____
Parent/Guardian Signature	Relationship	Date

PARENTAL INSURANCE WAIVER

Dear Parent:

The school is aware that many families have adequate health and accident insurance. However, there are some families whose coverage is not adequate or who have no insurance. Because those students participating in interscholastic sports are particularly susceptible to accidents, and the school is not legally responsible for injuries, we do feel an obligation to notify all athletes' parents that the school carries no type of insurance on any athletic injuries.

Because of the above situation, we would like you to complete the following form and return it at the time of registration.

We, the undersigned, are aware that the school district carries no health and accident insurance for students practicing for or participating in interscholastic sports. We do not hold North High School or ISD #622 liable for any costs incurred due to an injury to my child.

_____	_____	_____
Parent Signature	Relationship	Date