

## Athletic Insurance

It is the responsibility of the parent or guardian to provide accident/health insurance coverage for their student as a condition of the student's participation in interscholastic athletic practices and competitions; Poudre School District does not independently provide such insurance coverage. The required accident/health insurance coverage may be provided under the parent's or guardian's own policy or purchased through Poudre School District for each school year of the student's athletic participation.

### You have insurance

We, as parents/legal guardians of \_\_\_\_\_  
have our own accident health insurance coverage with

\_\_\_\_\_ Policy # \_\_\_\_\_  
Name of Company

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

### You will purchase insurance through Poudre School District

We, as parents/legal guardians of \_\_\_\_\_  
will purchase School/Athletic Accident Insurance through Poudre School District.

\_\_\_\_\_  
Parent/Legal Guardian Signature      Date

## Nondiscrimination Statement

Poudre School District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, age, religion, creed, marital status, or disability in admission or access to, or treatment or employment in, its programs and activities.



Poudre School District  
2407 LaPorte Avenue  
Fort Collins, CO 80521  
970-482-7420

## Senior High Authorization for Athletic Participation

*This form must be completed in detail and filed in the office of the principal before the student will be allowed to practice or compete in athletics.*

Please print.

Student (Last, First, M.I.) \_\_\_\_\_

Grade (circle)    9    10    11    12

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Telephone \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Parent/Legal Guardian \_\_\_\_\_

Student ID# \_\_\_\_\_

Sport(s) participating in \_\_\_\_\_

School Attending \_\_\_\_\_

### Physician's Certification

I certify that I have on this date examined \_\_\_\_\_ (student name), and that the student was found physically fit to fully participate in the following high school sports (physician to CROSS OUT any sport in which the student is NOT PHYSICALLY FIT to fully participate):

|               |               |            |          |               |
|---------------|---------------|------------|----------|---------------|
| Baseball      | Field hockey, | Gymnastics | Softball | Track & field |
| Basketball    | Football      | Lacrosse   | Swimming | Volleyball    |
| Cross country | Golf          | Soccer     | Tennis   | Wrestling     |

Date of Examination \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Valid for 365 days unless previously rescinded)

\_\_\_\_\_  
Physician Signature      Date

