

**Roland-Story Community School District
ATHLETIC ACKNOWLEDGEMENT FORM**

Student-Athlete's Name: _____

Parent's Name: _____

Grade: _____ School Year: _____

Good Conduct Code Acknowledgement

I am aware that participation in extracurricular activities at Roland-Story Community School District is a privilege and that there are standards for participation. It is my intent to abide by these standards at all time and realize that my participation may be impacted by my failure to do so.

Student-Athlete's Signature: _____

Parent's Signature: _____

Date: _____

Acknowledgement of Risk

We realize that participation in extracurricular activities comes with a certain level of risk. We also recognize the possibility that participation may result in serious injury, including paralysis or death.

Student-Athlete's Signature: _____

Parent's Signature: _____

Date: _____

Insurance Acknowledgement

Accident and catastrophic insurance is offered to all students. When a student participates in athletics he/she must have school insurance or his/her parents must sign a waiver indicating that they have adequate insurance coverage for their child.

Yes, I have adequate insurance and waive the opportunity to purchase insurance through the school.

No, I do not have adequate insurance and will be purchasing insurance through the school district.

Student-Athlete's Name: _____

Parent's Signature: _____

Date: _____