

**WARNING, AGREEMENT TO OBEY INSTRUCTIONS,
RELEASE, ASSUMPTION OF RISK, AND
AGREEMENT TO HOLD HARMLESS**

(Both the applicant student and parent or guardian must read carefully and sign.)
Please circle the sports you will be playing this year.

Football
Volleyball
Cross Country
Soccer

Basketball
Wrestling
Cheerleading
Tennis

Track
Baseball
Softball
Golf

STUDENT

I am aware that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OR INJURY. I understand that the dangers and risks of playing or practicing in the above circled sport (s) include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to virtually all internal organs, serious injury to all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular-skeletal system and serious injury or impairment to other aspects of my body, general health and well being. I understand that the dangers of playing or practicing to play/participate in the above circled sport (s) may result not only in serious injury, but in serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in the above circled sport (s), I recognize the importance of following all instructions by the coach regarding playing techniques, training and other team rule, etc. and agree to obey such instructions.

In consideration of the Grafton High School permitting me to try out, practice or play the above circled sport (s) and to engage in all activities related to this sport (s) including but not limited to, trying out practicing or playing/participating in that sport (s). I hereby voluntarily assume all risks associated with participation and agree to hold Grafton High School of Taylor County Schools of Grafton, WV, collectively and individually, its employees, agents representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, debts, medical expenses, claims, causes of action or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to Grafton High School athletic teams indicated above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and all members of my family.

I specifically acknowledge that FOOTBALL, WRESTLING, and BASEBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

DATE

Signature of Student/Athlete

PARENT/GUARDIAN

I _____, am the parent/legal guardian of _____ (student). I have read the above warning and release and understand its terms. I understand that all sports can involve MANY RISKS OR INJURY, including, but not limited to those risks outlined above.

In consideration of Grafton High School permitting my child to try out for the above circled sport (s) and to engage in all activities related to the team (s), including, but not limited to, trying out, practicing or playing/participating in that sport (s), I hereby assume all risks associated with participation and agree to hold Grafton High School of Taylor County Schools (Grafton, WV), collectively and individually, its employees, agents, representatives, medical personnel, coaches, and volunteers, including managers and trainers, harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with my participation in any activities related to the Grafton High School athletic teams circled above. The terms hereof shall serve as a release and assumption of risk for my heirs, estate, executor, administrator, assignees, and for all members of my family.

I specifically acknowledge that FOOTBALL, WRESTLING, and BASEBALL are VIOLENT CONTACT SPORTS involving even greater risk of injury than other sports.

DATE

Signature of Parent/Legal Guardian

EMERGENCY PHONE NUMBER _____

PART II - RESIDENCE AND PARTICIPATION

Athlete's Name _____ Class _____ School Year _____
Last First MI

Home Address _____ Parents Address _____

City _____ State _____ Zip _____ City _____ State _____ Zip _____

Date of Birth _____ Place of Birth _____

Father's Name _____ Mother's Name _____

Signature of Legal Guardian _____

Signature of Student/Athlete _____

PART III - INSURANCE

Grafton High School does not carry student/athlete insurance. It is the responsibility of the parent/legal guardian of each athlete to make sure that he/she has one or more of the following plans in force:

(1) Individual or Group Health/Accident Insurance (2) Special Insurance Purchase for Football Only

Company _____

Policy Number _____

Group Number _____

Name of Insured _____ (3) Student Classroom Accident Insurance _____

PART IV - EMERGENCY MEDICAL TREATMENT PERMISSION

I hereby authorize the school to obtain, through a physician of its choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges for medical treatment is guaranteed by me or the insurance company providing coverage for the student named below.

Student Name _____

Parent/Legal Guardian Signature _____

(1) Allergies or special problems _____

(2) Date of Last Tetanus Shot _____

(3) Family Physician _____ Phone _____

MEDICAL INFORMATION RELEASE FORM

I/WE agree to AUTHORIZE or DO NOT AUTHORIZE (Please circle one)

The Grafton High School trainer, coaches, athletic director, or medical persons to share information concerning injuries or health problems concerning the student named below to address proper care of the injured or sick student. In the case of an away sporting event, the host school may share information concerning the student to the appropriate coaches, athletic administration or other medical people deemed necessary to address proper care of the injured or sick student.

Student Signature _____

Parent/Legal Guardian Signature _____

Relationship to Student _____

Date _____