

**BETHEL SCHOOL DISTRICT NO. 403
SUMMER FOOTBALL CAMP REGISTRATION FORM**

PARENT PERMISSION:

A. I hereby give permission for _____ to participate at football camp in the Bethel School District during the Summer of 2019.

• **Circle student grade for Fall 2019:** 9 10 11 12

* **Circle school attending Fall 2019:** BHS GKHS SLHS

B. All student athletes are required to purchase student accident insurance which is made available through the Bethel School District **unless they document evidence of insurance that provides comparable coverage for the student on the waiver below.** Insurance is available in the main office of all secondary schools in the Bethel School District.

I decline the Student Health Insurance Plan because I have coverage through the following group or private insurance plan:

C. While we are doing a great number of things to minimize injury, we are concerned about the potential injury problem we have in a number of sports. The possible injury one could suffer ranges from very minor sprains and stiffness to life threatening injuries, including death. Your signature below indicates that you have been advised of the risk of injuries, that you assume that risk and you fully understand that you are legally responsible for any medical expenses incurred during participation in the summer program.

Additionally, I understand the Residence Rule and by my signature below I attest that we reside within the designated attendance area for the school that my student attends (or an approved transfer is on file) and that the address given below is the true address where we reside.

Parent/Guardian's Name (print)

Street Address

City/State/Zip

Home Phone

Signature of Parent/Guardian

Date

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STUDENT'S AGREEMENT:

D. I agree that I shall at all times while attending Bethel School District schools, live up to the standards of conduct and training rules set down by the coaching staff and administration of the school (as stated on reverse side). If, at anytime during my attendance in the Bethel School District, I break these rules, I understand that my privilege of participation in school athletics may be suspended.

I acknowledge and assume the risk of injury noted (C) above and my signature below indicates that I have been advised (see "C" above) of this injury risk information.
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Signature of Student Athlete

Date

PLEASE RETURN THIS FORM TO YOUR COACH BEFORE YOUR FIRST TURNOUT.