

SOUTH HARDIN ATHLETICS

High School
1800 24th Street
Eldora, IA 50627
(641) 939-3421

Middle School
202 E. Chestnut
Hubbard, IA 50122
(641) 864-2211



ACKNOWLEDGEMENT OF LIABILITY

Both the applicant student and a parent or guardian must read carefully and sign.

SPORT: (Check box to indicate activities in which you may participate.)

- | | | |
|---|-------------------------------------|-----------------------------------|
| <input type="checkbox"/> Football | <input type="checkbox"/> Wrestling | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Cross Country | <input type="checkbox"/> Basketball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Volleyball | <input type="checkbox"/> Track | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Tennis | <input type="checkbox"/> Manager |
| <input type="checkbox"/> Dance | | (any sport) |
| <input type="checkbox"/> Weight Room/Conditioning Program | | |

•• I am aware playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS of INJURY.

•• Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, and to agree to obey such instructions.

Date: _____ 20__

Signature of Student and Grade

Date: _____ 20__

Signature of Parent/Guardian

---> BOTTOM SECTION -- MUST BE COMPLETED <---

•• Special medical situations the ENP District **MUST** be aware of:

•• Any major medical situations relevant to emergency care:

Insurance Declaration: (✓)

- I have purchased Insurance through the school.
- I do not wish to purchase insurance through the school as I have enough insurance coverage with _____

Name of Company

Signature of Parent/Guardian