

# Insurance Information

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

Student/School Insurance Information: [www.k12studentinsurance.com](http://www.k12studentinsurance.com)

All School athletes must be covered by medical insurance with a minimum limit of \$25,000 in medical expenses provided by Parent/Guardian for the duration of the athletic activity in which they participate.

***Inform the school immediately should there be a change in insurance coverage.***

**WARNING:** Participation in any athletic activity could involve injury of some type to either yourself or a fellow student athlete. Such injury can include direct physical and possibly crippling injury to one's body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor cuts, scrapes, or muscle strains to catastrophic injury, such as complete paralysis, or even death. Such injury can impair one's general physical and mental health and hinder one's future ability to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life.

I have read and understand the implications of the rules and regulations governing the participation of my son/daughter in WIAA activities/athletics and school activities sponsored by the La Center School District. I understand that he/she is expected to follow the rules and regulations of participation as outlined in the La Center School District Athletic Packet and Student Handbook, and should he/she violate these provisions, he/she will be disciplined. Failure to provide accurate information may result in the forfeiture of all contests in which the athlete participated. In addition, the athlete will be ineligible to participate in any La Center athletic program for one calendar year.

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

## LA CENTER SCHOOL DISTRICT MEDICAL EMERGENCY AUTHORIZATION FORM

*TO BE COMPLETED BY PARENT AND RETURNED TO SCHOOL OFFICE*

Name of Student Athlete \_\_\_\_\_

As Parent or Legal Guardian, I authorize the coach to seek a physical therapist, athletic trainer or, in their absence, a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, he/she deems necessary to insure proper care of any injury. Every effort will be made to contact parent or guardian to explain the nature of the problem prior to any involved treatment.

Name \_\_\_\_\_ Date \_\_\_\_\_  
(Signature of Parent or Guardian)

Cell Phone \_\_\_\_\_

Parent's Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship of contact person \_\_\_\_\_

Family Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

# La Center School District Activity / Athletic Form

Student Athlete Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ Sex: Male Female

Address \_\_\_\_\_ City \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Mother's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Father's Email: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Sports in which I plan to participate:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**Please note: La Center School District staff cannot be responsible for the safe keeping of all personal items brought by students for athletics. As personal valuables can be lost or stolen, please monitor what items your student may have during practices, contests and trips.**

## Athletic Eligibility

Please answer the following questions pertaining to athletic eligibility. It is extremely important to give accurate information. A participant/parent/guardian who provides the school with false information may result in the participant being declared ineligible from interscholastic competition for a period of one year.

- \_\_\_\_\_ Yes \_\_\_\_\_ No Did the above student play sports at another school other than LCMS, LCHS?
- \_\_\_\_\_ Yes \_\_\_\_\_ No Is the above student 15 years old, or will they turn 15 years this school year?
- \_\_\_\_\_ Yes \_\_\_\_\_ No Is the above student 20 years old, or will they turn 20 years old this school year?
- \_\_\_\_\_ Yes \_\_\_\_\_ No The above student resides within the boundaries of the La Center School District.
- \_\_\_\_\_ Yes \_\_\_\_\_ No The above student resides with their parents/legal guardians.
- \_\_\_\_\_ Yes \_\_\_\_\_ No The above student was in attendance in school at least 15 weeks of the previous semester.
- \_\_\_\_\_ Yes \_\_\_\_\_ No Did the above student attend La Center School District the last 12 months.
- \_\_\_\_\_ Yes \_\_\_\_\_ No The above student passed at least 4 classes of the previous grading period (6 period day).
- \_\_\_\_\_ Yes \_\_\_\_\_ No The above student is presently enrolled in a minimum of 4 academic classes (6 period day).

I have read, understand and agree to follow the rules and regulations governing WIAA activities/athletics and school activity participation in the La Center School District Athletic Packet and Student Handbook

**STUDENT SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE:** \_\_\_\_\_ **DATE** \_\_\_\_\_