



## Summer Clearance Information

Parent or Guardian: This form must be thoroughly completed and signed before your child will be allowed to participate in summer activities.

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(Please Print)

School \_\_\_\_\_ School Year \_\_\_\_\_ Grade \_\_\_\_\_

Summer Athletic Activity \_\_\_\_\_

### Insurance Acknowledgment

**Mesa County Valley School District 51(D51) DOES NOT carry any form of accident or medical insurance to pay medical costs should your child be injured.** In order for a student to participate in D51 Summer Athletics, parents/guardians must carry adequate health insurance or be enrolled in an independently offered insurance program for their child. Information on available insurance options can be found at [kandkinsurance.com](http://kandkinsurance.com).

\_\_\_\_ 1. I maintain adequate personal health and accident insurance for my child

\_\_\_\_ 2. I have enrolled my child in an accident insurance program through K and K Insurance ([kandkinsurance.com](http://kandkinsurance.com)) or a similar insurance program. If my child participates in football, I have purchased this option.

Insurance Company \_\_\_\_\_  
(Please Print)

(If I have insurance policy changes, it is my responsibility to notify the schools' athletic office.)

### Parent or Guardian Permit

**WARNING: Participation in interscholastic athletics Includes a risk of injury, which may range in severity from minor to long-term catastrophic. Players must obey all safety rules, report all physical problems to their coaches or athletic trainers, follow a proper conditioning program and inspect their own equipment daily. By signing this permission form, I acknowledge reading and understand this warning and the risks assumed. I hereby give consent for my child to participate in athletic/activities sponsored by D51.**

I agree to release, indemnify, and hold harmless Mesa County Valley School District 51, its Board of Education, and its employees, agents, or assignees, as well as its approved adult trip supervisors, (the "District"), from and forever promise not to sue them on any and all claims, demands, rights, causes or action, liabilities, losses, damages, costs and expenses (including reasonable attorneys' fees), whether known or unknown, that I, any other parent or guardian of the above-named student, or the student may have or may allege to have against the District arising out of or in any manner relating to the student's participation in the athletic/activity sponsored by, including but not limited to rendering of emergency medical procedures or treatment.

**In case of emergency, I grant permission for emergency procedures/ hospitalization to be provided for my child.**

Parent/Guardian \_\_\_\_\_ Phone Number \_\_\_\_\_  
(Print)

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_  
(Signature)