



Mesa County Valley School District #51
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 starting June of 2020.

Student's Name (Please Print) Date of Birth (cannot be 19 prior to Aug. 1)

School School Year Grade

Insurance Acknowledgment

School District 51 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 District 51 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.

- 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 & K Insurance (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 school's 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. In addition, because of the frequent close proximity of players involved in athletics, there is a risk that a player(s) may become sick with COVID-19 (Coronavirus). Players must obey all COVID-19 related rules and guidelines as posted. By signing this permission form, I acknowledge reading and understand this warning and the risks assumed. I hereby give my consent for my child to participate in athletic/activities sponsored by School District 51.

I have read all the information on this page and have provided accurate information. I also authorize my child's coach and/or sponsor to secure emergency medical treatment in the event of an injury or accident. District 51 coaches and/or sponsors will attempt to contact parents or guardians as to the injury and/or accident.

Parent/Guardian (Print)

Parent Phone Number

Parent/Guardian (Signature)

Date