

Summer Soccer Training Waiver

Student Information:

Name: _____

Home phone # _____ Cell # _____

Student's D.O.B.: _____ Student's Age: _____

Student grade level 2022/23 School Year (9-12) _____

Address: _____

City: _____ Zip: _____

Insurance Information and Emergency Contact Info

Athletes Name : _____ Athlete Cell Number: _____ List

two LOCAL people who will temporarily care for your student if you cannot be reached:

Emergency Contact Name: _____ Contact Number: _____

Relationship to Athlete: _____ Secondary Number: _____

Emergency Contact Name: _____ Contact Number: _____

Relationship to Athlete: _____ Secondary Number: _____

Basic Insurance Information.

Name of Insurance Company: _____

Group/ID#: _____

Family Doctor: _____ Phone: _____

Address: _____ City: _____

HEALTH INFORMATION: List any significant or ongoing health conditions relevant to school or athletics (severe allergies / epipen, asthma, A.D.D., birth defect, diabetes, epilepsy, heart disease, vision or hearing problem, medications, etc.) I hereby give my consent for medical treatment deemed necessary by physicians for any illness or injury resulting from his/her athletic participation. I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment. PLEASE LIST IN THIS SPACE BELOW:

I understand that the Boulder Valley School District does not provide accident insurance for any student participating in summer camps or any other school activity.

PLEASE RETURN THIS TO COACH HARDY PRIOR TO THE FIRST DAY OF WORKOUTS.

No student can participate without this form.

CHECK ONE:

_____ I have other insurance coverage.

OR

_____ I do not have insurance and I will assume responsibility for payment of expenses incurred in the event of injury to my son/daughter.

Signed: _____ Date: _____

(parent/guardian) Parent Permission Form

**** WARNING:** By its nature, participation in off season conditioning/camps/clinics includes a risk of injury, this may range in severity from minor to long-term catastrophic. Although serious injuries are not common in supervised sports activities, it is impossible to eliminate this risk. Participants can and have the responsibility to help reduce the chance of injury. Players must (1) obey all safety rules, (2) REPORT ALL PHYSICAL PROBLEMS TO THEIR COACHES, and (3) inspect their equipment daily. By signing this Permission Form, we acknowledge that we have read and understand this warning. PARENTS AND/OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

I hereby give my consent for _____ to participate off season activities including open gyms, conditioning, camp or clinics for sports including: baseball, basketball, cross country, football, golf, gymnastics, lacrosse, skiing, swimming, tennis, track and field, cheerleading, dance team, wrestling, volleyball, soccer, softball.

Signed: _____ Date: _____
(parent/guardian)

PLEASE RETURN THIS TO COACH HARDY hardy.kalisher@bvsd.org
PRIOR TO THE FIRST DAY OF WORKOUTS. No student can
participate without this form.

If you have any questions please feel free to contact Ryan Bishop at
ryan.bishop@bvsd.org or 720-837-8665