CO-CURRICULAR CODE AGREEMENT

PARENT/GUARDIAN and STUDENT (Please read, fill in and sign below)

UNDERSTANDING OF RISK AND ASSUMPTION OF LIABILITY - I understand there is always a risk of personal injury while participating in Co-Curricular Activities. **I realize that an injury may be minor, catastrophic, or fatal in nature. I understand this risk of injury, and I am aware of the consequences of such injury. I release the Mayville School District from any and all liability for injuries received from participation in Co-Curricular Activities. Any injury requiring medical assistance is the financial responsibility of the parent/guardian**. The Mayville School District **does not** carry student medical/hospitalization insurance for any of its students. Financial responsibility to provide proper medical coverage is with the parent/guardian.

PARENT/GUARDIAN CONSENT FOR EMERGENCY MEDICAL TREATMENT - Medical treatment for any emergency injury or illness occurring during co-curricular practice or competition may be given to my child. If my child is injured and needs to be transported by ambulance, my choice in hospitals would be_____. **I realize that if the injury is life threatening, my son/daughter will be transported to the nearest emergency treatment facility.**

STUDENT RESPONSIBILITY FOR SCHOOL-PROVIDED EQUIPMENT – I agree to assume full responsibility for all school equipment issued to me. I will confine its use to practices, games, or concerts. I agree to pay for any and all school issued equipment, which I may lose, misplace, or damage through carelessness or intent. A bill for the cost of lost, not turned in, or damaged equipment will be sent to your parents, thirty days after the end of the season.

ADDITIONAL MEDICAL AND FAMILY INFORMATION –

Home Phone #_____ Work Phone #_____

Cell Phone # _____ 2nd Cell Phone #_____

Name of Private Insurance Carrier_____

Policy Numbers and Address_____

Family Physician_____ Family Dentist_____

Unusual Health Conditions or Special Medical Needs? **YES** **NO**
DESCRIBE_____

Takes medication? **YES** **NO**
DESCRIBE_____

Allergies **YES** **NO**
DESCRIBE_____

PARENT/GUARDIAN SIGNATURE-indicates permission for my child's participation, understanding of the risk of injury, and assumption of liability, consent for emergency medical treatment, and my understanding of the Co-Curricular Code Handbook.*

STUDENT SIGNATURE – Indicates my understanding of the Mayville School District Co-Curricular Code Handbook*, my risk of injury, and my responsibility for damaged or lost equipment.

Parent/Guardian Name (Please Print) _____ _____
(First) (Last)

_____ _____
Parent/Guardian Signature Date

Student Name (Please Print) _____ _____
(First) (Last)

Student Grade _____

_____ _____
Student Signature Date

***Note: Co-curricular Code Handbook is available in the high school and middle school offices or can be found on the Mayville School District website at www.mayvilleschools.com.**

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