



Thursdays  
March 1, 8, 22, and 29 2012

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## RISK OF INJURY STATEMENT

I am aware that competing or practicing in any athletic activity can be a dangerous activity involving risk of injury. I understand that the dangers and risks of competing and practicing in the activity include, but are not limited to, death, neck and spinal injury which may result in complete or partial paralysis, brain damage, injury to virtually all bones, joints, ligaments muscles, tendons and other aspects of a muscular-skeletal system and injury of impairment of future abilities to earn a living, to engage in business, social and recreational activities and generally to enjoy life.

If I am a participant in baseball, field hockey, softball, football, lacrosse, soccer, basketball or wrestling, I specifically acknowledge that it is a contact sport involving even greater risk of injury than other sports.

Because of the possible dangers of participating in the activities, I recognize the importance of following the coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions.

In consideration of the school district's permitting me to try out for and to engage in all activities related to the team including, but not limited to, trying out, practicing or participating in that activity, I hereby assume all risks associated with participation.

DATED: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
STUDENT NAME and HOMEROOM

The undersigned, parent/guardian of the individual who has signed the Risk of Injury statement, hereby acknowledges receipt of the Risk of Injury Statement and acknowledges awareness of the various risks set forth in the statement and, considering such risk, gives permission for the student to participate in an extracurricular athletic activity. If I withdraw my permission, I understand that the withdrawal must be in writing and given to the principal as well as to the athletic director and coach of the particular athletic activity.

I also realize that the Sherburne-Earlville School District carries The New York State Pupil Benefit Plan as its insurance for its athletes. This is a supplemental plan only.

DATED: \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE

HOME PHONE NUMBER: \_\_\_\_\_

EMERGENCY CONTACT & NUMBER: \_\_\_\_\_

**(Emergency Contact Information is Mandatory)**

**After Running Club my child will: (please choose one below)**

**\*\* MUST SUBMIT NOTE TO COACH IF THIS EVER CHANGES \*\***

- I will pick my child up at the Parent Pick-Up Circle
  - My child will ride the 4 pm to (please put address)
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