



INTRAMURAL / ATHLETICS PARTICIPATION FORM

Date _____ Payment Attached? _____

Student Name: _____ Grade _____

The Littleton Public Schools places a high value on participation in an activity program for the overall development of students. The district supports an activity program which offers students the opportunity to explore and develop their abilities, build self-esteem, and promote academic enthusiasm. Although accidents seldom occur, parents should be aware that the potential for injury is present when in an activity.

I hereby give consent and permission for _____ to participate and compete in the intramural / club programs for this school year. In addition, I verify that my student has adequate insurance coverage for participation in the Littleton Schools District activity programs and hereby release Littleton Public Schools from any and all liability for injuries sustained by my student in connection with such participation. Please check the appropriate statement below.

If you do not want to have your student participate in the activity program, please do not sign this form. **Insurance coverage is required for participation.**

_____ **Yes, I do have insurance coverage**

_____ **No, I do not have insurance coverage**

Insurance Company _____ **Policy/Group No.** _____

Hospital Preference _____

When a student is injured and requires immediate medical attention, the Fire Department Paramedics will be called. If parent or guardian cannot be contacted, we the undersigned parents of the child identified herein, authorize officials of the School District to contact directly the following physician of our selection. We authorize the Paramedics or physician named below to render such treatment as said Paramedics or physician, or either of them, deem reasonably necessary in an emergency. Following emergency treatment by the Paramedics, in the event neither the physician here named can be contacted, or parent/guardian is unavailable to give express consent at such time with reference to any other physician, we hereby consent and authorize the officials of the School District to contact any licensed physician. We hereby authorize said physician to render such treatment as may be deemed reasonably necessary, in what may be considered to be an emergency, for the health of our aforesaid minor child. Expenses incurred as a result of emergency ambulance use or treatment by physician will not be borne by the school or school personnel.

Medical problems (allergies/asthma) _____

Family Physician _____ Phone: _____

Signature of Parent/Guardian _____ Date _____

Phone numbers where parent/guardian can be reached: work _____ cell _____