

RIDGE VIEW SCHOOLS INSURANCE WAIVER FORM

NEED FOR INSURANCE:

I recognize that Ridge View strongly recommends that all students have some type of insurance to adequately cover any possible expense due to injuries. Although injuries cannot be predicted, past experience demonstrates that some youngsters will sustain injuries that demand a doctor's care. I understand that insurance is an option that is left up to the discretion of the parent; I also understand that all claims and expenses on account of injuries sustained while at school or at extra-curricular activities are the responsibility of the parents whether or not insurance is purchased.

EXTRA-CURRICULAR ACTIVITIES:

I understand that a student will not be allowed to participate in any extra-curricular activity until this acknowledgment form and any other required forms have been completed; examples of such forms could include a physical for sports or other administrative forms as required by a coach/director. This means that the student will not participate, practice or compete until all required items have been submitted.

I understand that each participant agrees to assume full responsibility for all uniforms, materials and equipment issued and to confine their use to practice, games, activities or meets. No student will be able to participate in any scheduled practice and/or contest until this acknowledgment has been signed and returned to the building principal.

All rules and regulations set forth in the pages of the Student Handbook including the training rules, penalties for violations, and appeals must be obeyed by participants. I also realize that there is a possibility that any student may suffer severe injury, including permanent paralysis or death, as a result of participating in school activities.

EMERGENCY MEDICAL CARE:

In an emergency when I/we are not readily available and our physician is not readily accessible, I/we hereby grant consent to any and all health care providers designated by representatives of the Ridge View School to provide my child,

_____ any necessary medical care as a result of any illness/injury.

Print Student's Name

I, as a parent/guardian, confirm that I understand the above, have read the policies and rules set forth at Ridge View School and grant consent to medical care as described above.

Parent Signature

Date

I, as a student, understand the above requirements and agree to abide by them.

Student Signature

Date