

ATHLETE SIGN-OFF

***Return completed & signed form to the Activities Office.**
***Participation Fee can be paid online & in the cashier's office.**
***Both are required once per year.**

Student Name _____

Student ID# _____ Grade _____ Sport(s) _____

PAY TO PARTICIPATE FEE AGREEMENT

Pay to participate is a program designed to supplement USD 259 athletic budgets. KSHSAA bylaws, discipline policies of USD 259 and individual high schools, and coaches' rules will be observed by all participants. Coaches will assign duties, positions and playing time as they deem necessary. **Failure to meet these regulations or to complete the activity for any reason other than being cut during tryouts, will result in the forfeiture of all fees.**

The Pay to Participate fee, along with this completed/signed form, must be paid on or before the due date established by administration. Failure to pay fee and return form by the due date will result in the athlete not being allowed to attend practice until both the fee and completed form are received.

The fee is paid once per school year regardless of the number of sports a student participates in during the school year.

Fees will be assessed according to free/reduced lunch status at the time fees are paid. *Students participating only in bowling/cheer/dance do not pay the participation fee – complete the insurance and risk parts of the form only.*

- \$50.00 / full
- \$25.00 / reduced – for students with signed waiver on file qualifying for reduced lunch payments/school fees
- \$15.00 / free – for students with signed waiver on file qualifying for free lunch payments/school fees

When signing below, you acknowledge that you have read and understood the above information.

WARNING AND ASSUMPTION OF RISK

We are aware that playing or practicing in any sport can be a dangerous activity involving many risks of injury. We understand that the dangers and risks of playing or practicing sports include, but are not limited to, bumps, bruises, scratches, broken bones, strains, cuts requiring stitches, serious injury to joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system; serious head, neck and spinal injuries which may result in complete or partial paralysis; brain damage; serious injury to virtually all internal organs; and serious injury or impairment to other aspects of the body, general health, and well-being. We understand that the dangers and risks of playing or practicing in any interscholastic sport, cheer and dance, may result not only in serious injury, but in serious impairment of future physical and mental abilities. Because of the dangers in participating in sports, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules and agree to obey such instructions. In consideration of East High School permitting my child to try out for an athletic squad and to engage in all activities related to the team, including, but not limited to, trying out, practicing or playing/participating in the sport(s), we hereby assume all risk associated with participation. We do understand that football, volleyball, wrestling, baseball, softball, soccer, cheerleading and basketball are contact sports involving even greater risk. **We hereby agree to all the above and consent to participation and play.**

TEAM HANDBOOK AND CODE OF CONDUCT

We have reviewed the Team Handbook(s) including the Athletic Code of Conduct. We understand that students will be held accountable for conduct, rules and policies and subject to disciplinary consequences.

INSURANCE INFORMATION

Medical insurance secured through the Kansas State High School Activities Association and the USD 259 BOE provides benefits beginning at \$3,500 of accrued medical care expenses per accident/injury that are not covered by other personal insurance policies **as outlined in Section A of the Coverage Provisions.**

The undersigned hereby acknowledges that insurance is not provided by the KSHSAA nor USD 259 for the first \$3,500 of medical care expenses for any one accident/injury. **I also acknowledge that I have been given a copy of the Student Athlete Accident Coverage and the Claim Filing Procedures to follow for making a claim.**

Please mark one of the following:

- _____ I/We **have** family medical insurance to help cover the first \$3,500 of medical care expenses.
- _____ I/We **do not have family medical insurance and we are purchasing the supplemental sports plan** made available by the district.
I/We have read the brochure carefully and understand that this plan has limits that will prevent it from paying the entire \$3,500.
- _____ I/We **do not have family medical insurance and we do not plan to purchase** any supplemental insurance.
I/We understand that **we are responsible** for the first \$3,500 of medical care expenses.

SCHOOL TRIP / TRANSPORTATION WAIVER

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The students who participate in the scheduled activities for their sport on the given dates including practices, as well as any rescheduled dates, as per the athletic schedule provided by the school, will be transported either by: School or Chartered Bus, Rented/Leased Passenger Vehicle, or Private Passenger Vehicle.

The described vehicle will be covered by adequate liability and/or trip insurance (Board of Education Policy 1383 – Pupil Transportation – Private Vehicles). Reasonable precautions will be taken to provide for the pupil's safety.

We request that the above named student be transported as stated above and grant our permission below for he/she to participate in the activity indicated. We relieve and absolve the Wichita Public Schools and its employees of any responsibility other than stated above.

Pupil Transportation – Private Vehicles – Driver Verification

The voluntary use of private vehicles to provide transportation for students to and from school sponsored and approved activities is occasionally the only way transportation can be arranged for the activity. In this event, BOE policy P730 –Pupil Transportation–Private Vehicles specifies that certain requirements must be met for the safety and protection of both the driver (employee or other) and the students riding as passengers in the private passenger vehicle.

The following items must be guaranteed to be true statements:

1. I am the owner of the volunteered private passenger vehicle, or I have proper permission to use the volunteered passenger vehicle.
2. I understand that a private passenger vehicle larger than 9-passengers may not be used to transport students to and from school sponsored activities.
3. I certify that the volunteered passenger vehicle is roadworthy.
4. I am familiar with and obey all laws governing the use of a passenger vehicle.
5. I understand that the school district's insurance does NOT cover my vehicle. My automobile insurance will be primary coverage for any loss, and the school district's liability insurance is available after the limits under my automobile insurance have been exhausted.
6. Furthermore, I understand the Kansas Automobile Reparations Act states that when two or more insurers are required to pay personal injury protection benefits, the primary personal injury coverage shall be provided by the policy covering the motor vehicle occupied by the injured person at the time of the accident or the vehicle causing the accident. KSA 40-3109(b)(1)
7. Each pupil shall have a seatbelt inside the vehicle.
8. The passenger vehicle is insured per Kansas laws, KSA 40-3107 and KSA 40-284: Bodily Injury – \$25,000 per person / \$50,000 per accident; Property Damage – \$10,000 per accident; Personal Injury Protection – As required by KSA 40-3107; Uninsured/Underinsured Motorist Coverage – As required by KSA 40-284.



Parent/Guardian Signature

Date



Student Signature

Date