

2016-2017 Robbinsdale Activity Student Information and Waivers

Emergency Information

Male ____ Female ____

Age ____

Student Name _____

Date of Birth _____

Parent's/Guardian's Name _____

Address _____ Home Phone _____

Additional Numbers to reach Parents and Guardians:

In an emergency, if parents/guardians cannot be not be contacted:

Notify _____ Phone _____

Family Doctor _____ Doctor's phone _____

Insurance Company _____

Preferred Hospital _____

We, the undersigned, recognize that School District 281 has no liability for injuries resulting from participating in the activity/ athletic program and that the school does not carry insurance to cover expenses incurred from injuries. We, hereby release the school district from any claims and demands in connection with injuries suffered by the student names below.

Academic Eligibility

We, the undersigned, understand that students will not be allowed to participate in any activity if they have not passed all classes during the previous term. We understand that during the season, students need to be passing all classes at all times. If at any time, the participant is not passing all current classes, they will not be allowed to participate in the activity until passing grades have been reached.

Rules & Regulations

We, the undersigned, have reviewed the Rules & Regulations, as well as the Activities Directory. We agree to abide by the rules and regulations as stated. Copies of the Activities Directory can be found in the Guidance Office or online via the website.

Student Signature

Date

Parent/Guardian Signature

Date