

**HARLEM HIGH SCHOOL ATHLETICS INFORMED CONSENT AND  
INSURANCE VERIFICATION FORM**

Extracurricular activities may include physical contact and physical exertion. There is an inherent risk of injury in the activity. By signing this agreement, I acknowledge that the School District staff try to prevent accidents. I agree to accept responsibility for my student's participation in the school activities. The activity is strictly voluntary.

I, the undersigned, hereby acknowledge and understand that, regardless of all feasible safety measures that may be taken by the School District, participation in this event entails certain inherent risks. I certify that my student is physically fit and medically able to participate or have noted an applicable physical or medical diagnosis at the bottom of this form. I further certify that my student will honor all instructions of district staff and failure to honor instructions may result on dismissal from the activity. I have been informed of these risks, understand them, and feel that the benefits of participation outweigh the risks involved. My signature below gives my child permission to participate in a Harlem High School Activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to my student. I understand every effort will be made to contact the family or contact person noted below to explain the nature of the problem prior to any involved treatment. In the event it becomes necessary for the district staff in charge to obtain emergency care for my student, I understand that neither the district employee in charge of the activity nor the school district assumes financial liability for expenses incurred because of an accident, injury, illness and/or unforeseen circumstances.

**The School District DOES NOT provide medical insurance** benefits for students who choose to participate in activities programs. Medical insurance MUST BE PROVIDED by parents or guardians for coverage to apply during the student's participation. I understand that insurance is available at personal cost to me for coverage of my student's participation in activities. Personal insurance forms for coverage during sports are available in the High School Office. **THE ATHLETE IS COVERED WITH THE FOLLOWING HEALTH INSURANCE:**

INSURANCE (Company Name) \_\_\_\_\_

Policy # \_\_\_\_\_

Student Athlete \_\_\_\_\_  
(Please Print)

Parent/Guardian \_\_\_\_\_  
(Signature)

Date: \_\_\_\_\_



6. What knowledge do you have about the sport you want to manage (or coach)?

Appendix H: Athletic Contract  
(see Participation Guideline from student handbook)

3350F HARLEM SCHOOLS EXTRACURRICULAR CONSENT FORM

I have received and have read and understand a copy of the Harlem Schools' "Extracurricular Activities Drug-Testing Program." I desire that \_\_\_\_\_ participate in this program and in the extracurricular program of Harlem Schools and hereby voluntarily agree to be subject to its terms for the entire high school career (grades 7-12). I accept the method of obtaining urine specimens, testing, and analyses of such specimens and all other aspects of the program. I agree to cooperate in furnishing urine specimens that may be required from time to time.

I further agree and consent to the disclosure of the sampling, testing, and results provided for this program. This consent is given pursuant to all State and Federal Privacy Statutes and is a waiver of rights to nondisclosure of such test records and results only to the extent of the disclosures in the program.

Date: \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parent/Guardian Signature

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I, \_\_\_\_\_, have decided not to participate in any extracurricular activities sponsored by Harlem Schools for the remainder of this school year. In order for me to participate in the extracurricular activity program at a later date, I understand that I must submit to urinalysis.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date



