


Homedale High School 
Athletic Participation Contract

Participants Name : _____ School Year _____

Insurance information:

_____ Our personal family insurance covers our son/daughter for the school year

Insurance company _____

_____ Our son/daughter is not covered by insurance and We waive any injury
Responsibility from the Homedale High School District.

_____ We have purchased school insurance.

Signature of Parent or Guardian: _____

Homedale High School District #370 Training Policy

I have read and understand the districts training policy and agree to the terms and
conditions of the policy.

Student Signature _____

Parents / Guardian Signature _____

Emergency Information and Parent Consent

Name _____ Birth date _____ Age _____

Parent's or Guardian Name _____ Home phone _____

Address _____ City _____ Zip _____

Day phone of Parent's/guardians: Father _____ Mother _____

In an emergency, if the parents cannot be reached, notify:

_____ phone _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical
treatment, x-ray examination and immunizations for the above- named student. In the event of an
emergency arising out of a serious illness / injury, the need for major surgery, or significant accident injury.
I understand that an attempt will be made by attending physician to contact me in the most expeditious way
possible. If said physician is not able to communicate with me, the treatment necessary for the best interest
of the above- named student may be given.

Parent / Guardian Signature _____ Date _____