

Acknowledgement of Risk and Insurance Statement

(To be completed and signed by parent/guardian)

The undersigned is the parent or guardian of _____ and is
(please print name)

familiar with his/her wishes to participate in _____ for
(name of sport)

Wakefield Country Day School for the 2007-2008 academic year.

I am aware that with participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another, with contact sports carrying a higher risk. The above named student has accident insurance and is insured to our satisfaction.

In addition, I am aware that participation in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved, and with this knowledge in mind, grant permission for my child/ward to participate in the sport and travel with the team.

I also give my consent and approval for the above named student to receive a physical examination by a qualified, registered physician, if offered through the school.

Date: _____

Signature of Parent/Guardian: _____

Student's Full Name: _____

Insurance Company: _____

Insurance Company Phone #: _____

Policy #: _____ Group #: _____

Name of Insured: _____ Phone #: _____