APPENDIX A

KPBSD Athletic/Activity Participation Registration

User Fee Form, Consent Form, Warning, Assumption of Risk, and Hold Harmless Agreement

This form affects your legal rights and responsibilities. Please read it carefully before you sign it and ask questions if there is anything you do not understand.

Eligibility Requirements for students participating in KPBSD and ASAA sponsored activities:

- This form must be complete and on file in the Activities office for each sport/club in which the student participates.
- A physical is required every 18 months and cannot expire during the season in which the student is currently participating.
- These forms (Appendix A and physical form) must be on file before the first practice or tryout.

SoccerSoftballSwim/Div ollowing activities require a \$100 particip rmance Dance ests for refund of fees must be made prio	ation fee: Baseball Basketball Cross Coung Track & Field Volleyball Wrestling ation fee: Basketball Cheerleading Football	
SoccerSoftballSwim/Div ollowing activities require a \$100 particip rmance Dance ests for refund of fees must be made prio ipation for discipline reasons or who quit	ngTrack & FieldVolleyballWrestli ation fee: Basketball Cheerleading Football	ing
ipation for discipline reasons or who quit	to the first contest. Fees may be prorated due t	
	•	to extenuating circumstances. Students removed from amily limit applies to high school participation fees.
Laive my consent for the named VDDCD	student to participate in the above-named activity	th.
0 ,	n School District KPSAA Handbook Guidelines and	-
_		raining rules required of students participating in KPBSD
I understand the coach may add specifi-	rules and regulations for the activity that he/she	e supervises.
•	articipating in the named activity range from mind nt, and injuries that may cause paralysis or even d	or sprains and contusions, to major injuries including death.
I understand the possibility a serious inj and to generally enjoy life.	ury may impair my abilities to earn a living, to en	gage in other business, social and recreational activities;
I understand the above warnings and re other team rules and I agree to obey su		tructions regarding playing techniques, training and
I understand KPBSD and ASAA will not a	ssume responsibility for injuries sustained in the	co-curricular programs.
I understand that primary accident insu	rance coverage is my responsibility.	
If my student is a non-KPBSD alternative insurance will not cover my student.	e education program/homeschool student, I furth	ner understand that the KPBSD secondary accident
emergency medical personnel or hospit	al in the event of an injury or illness.	s may be necessary by a physician, qualified nurse,
	hild to and from KPBSD activities via KPBSD appro	•
		he sponsoring high school, KPBSD, or ASAA, or any of its
· ·	s sustained in the co-curricular program.	II
	of the named student in the event of injury or ill	
	y of the named student for property damage, lost st for transportation should any student be sent h	home early from an out of town event as a result of their
	gence or willful misconduct of the school district	. I hereby agree to hold the KPBSD, its employees,
		of every kind whatsoever which may arise by or in
•	· · · · · · · · · · · · · · · · · · ·	ned high school programs. The terms hereof shall serve
as a release for my heirs, estate, execut		
		KPBSD's rules and regulations, and my school of
Participant/Student's Printed Name	Student's Signature	Date
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date
Emergency Contact's Printed Name	Parent/Guard. Phone # (H) Parent/Gua	ard Phone # (W) Parent/Guard. Phone # (Cell)

Revised 06/23

Date

Program Director Signature