

RED CLOUD COMMUNITY SCHOOLS CURRICULAR PERMISSION FORM

Student Name: _____ Date: _____
Address: _____ City: _____ Zip Code: _____

Birth Date: _____

RED CLOUD WARRIORS FOOTBALL HELMET WARNING AND HEAD/SPINAL INJURY RELEASE FORM

Helmet Warning (NOCSAE approved):

Do not strike an opponent with any part of this helmet for face mask. This is a violation of football rules and such use can result in severe brain or neck injury, including paralysis or death. Severe brain or neck injury may also occur accidentally while playing football.

NO HELMET CAN PREVENT ALL SUCH INJURIES. YOU USE THIS HELMET AT YOUR OWN RISK

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We the undersigned have read and understand the helmet warning above and agree that the Red Cloud football coaching staff has instructed _____ in the proper techniques for blocking and tackling to minimize risk of injury. We release the coaching staff from liability for such injuries.

(Student Signature/Date)

(Parent/Guardian Signature/Date)

Informed Consent
I understand that injuries could occur as a result of participation in athletic activities. I understand that these injuries could include minor injuries such as bruises or sprains, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver
I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic/activities-related accident or injury, and that I also have the option of enrolling in a school-sponsored student accident insurance plan. I also understand that I have the right to waive enrollment in the school-sponsored plan if I believe that the above-named student is adequately covered by my current insurance carrier.

Signature
By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and in the Parent-Student Handbook, that if I have not understood any information, I have sought and received an explanation, and am fully aware that I am granting permission for the above-named student to participate in the Red Cloud Athletics Activities Program.

Parent/Guardian Signature/Date _____
Student Signature/Date _____