North Powder School District 81 Permission to Participate and Insurance Verification

PERMISSION TO PARTICIPATE

I give consent for	to participate in oach/chaperone on any trips. In the event of in	at
Powder Valley Schools and to go with the cauthorize the coach or qualified personnel to		ıjury, I
Emergency contact numbers (and names)	()
_	()
Family physician and phone number)
In addition, we (athlete and parent/guardian and eligibility policies.) have also read and understand the substance	abuse
Parent/Guardian Signature		
Athlete Signature		
Date	<u></u>	
All students participating in athletics must l	TE VERIFICATION be covered by an insurance carrier. Private could be be be solved be below. As an alternative, the school offers bugh the business office.	
This is to verify that the above mentioned ch	ild is covered by insurance. That information	is:
Name of Company		
Group Number		
Policy Number		
☐ We do not carry private insurance, but a	gree to purchase it through the school offered p	olan,
Signature of Parent/Guardian	Date	