We the parer the 2019-202 is provided b supervising a	y the school (which is somet	, Elmwood Jr. High School student during or our son/daughter to have transportation other than that which imes necessary) as deemed necessary by the administration
Parent/guard	lian signature:	Date:/
	./Sr. High School Insurance	e Waiver orts, a required physical and the following form must be retu
	I wish to purchase school i resulting from sports pract	insurance to cover my child for injuries tice or game play.
	any injuries resulting from	accident policy that will cover my child for sports practice and game play. licy:
	child for any injuries resulti do <i>not</i> wish to purchase so fully aware that any medica	Ith and accident policy that will cover my ing from sports practice or game play. I chool insurance to cover my child. I am al, hospital, dental or other expenses injury will be my sole responsibility
Parent/Guard	dian signature:	Date://
Student's na	me:	
I am aware of #322 and the	e expectations of my coach/s ide by these policies and to r	-curricular Policy e Athletic/Extra-curricular Policy of Elmwood Community Disponsor and the school administration. represent Elmwood Community District #322 in a positive ar
Signature of	student:	Date:/
As a parent of activities.	or guardian of the above nam	ned student, I agree to support my child's participation in the
#322 and the concerns aris	e expectations of my coach/s	e Athletic/Extra-curricular Policy of Elmwood Community Disponsor and the school administration. When questions or adled by my child, I agree to follow the chain of command in
	parent/guardian:	Date: / /