## ACKNOWLEDGEMENT OF RISK

We have read the information at the bottom of this page where the possibility of sports injury was discussed. We realize there is a possibility that a student may suffer severe injury, including permanent Paralysis or death, as a result of participating in athletic activities.

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CHILD'S NAME-PLEASE PRINT	
PARENT'S SIGNATURE	DATE
STUDENT'S SIGNATURE	DATE
INSURANCE 1	RELEASE
The Board of Education and the Administration of the Ca athletes have protective insurance. This insurance may be school or insurance that is carried privately. Your signat	e the group insurance purchased through the
your child is covered by an insurance policy.	
is cover	red by
(STUDENT'S NAME)	(INSURANCE CO.)
	Signature of Parent or Guardian

## Dear Parent:

Your son/daughter/ward will be participating in one or more of the sports offered by Cardinal Community Schools. They will be informed of the rules and regulations for that sport. They will also be advised that there is a RISK OF INJURY to themselves by their participation in that sport.

You as well as your son/daughter/ward should understand that the danger and risks of participating in a sport may include but are not limited to bumps, bruises, injury to internal organs, joints, bones, ligaments, etc....serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, and even death.

It is obvious that some sports have a greater risk of injury than other sports; however, for each sport your child participates in they will be informed of the risks involved and rules and regulations of the sport.

The school district will continue to require a physical, a signed health insurance release or purchase of school insurance.

If the student is withheld from participation by a doctor, we must have a signed release from the doctor before the student may resume participation.

If you have any questions please feel free to contact the coach of the sport in question, or the current Athletic Director.