

# UHSAA

## Participant & Parental Disclosure and Consent Document

PLEASE NOTE: IT IS THE RESPONSIBILITY OF THE PARENT OR GUARDIAN TO NOTIFY THE SCHOOL IF THERE ARE ANY UNIQUE INDIVIDUAL PROBLEMS THAT ARE NOT LISTED ON HEALTH EXAMINATION FORM A OR B.

Is the student covered by health/accident insurant? Yes\_\_\_\_ No\_\_\_\_

Name of health insurance provider \_\_\_\_\_  
If none,  
explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### CONSENT FORM

(Parent or Guardian and Student Permission and Approval)

I hereby consent to the above named student participating in the interscholastic athletic program at his/her school of attendance. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by health care providers designated by school authorities for any illness or injury resulting from his/her athletic participation. I recognize that a risk of possible injury is inherent in all sports participation. I further realize that potential injuries may be severe in nature including such conditions as: fractures, brain injuries, paralysis, or even death. I also understand that a copy of this form will remain in the student's school.

I agree that if my student's health changes and would alter this evaluation, I will notify the school within 10 days.

PARENT OR GUARDIAN SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_

This application to compete in interscholastic athletics for the above school is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the Utah High School Activities Association.

SIGATURE OF STUDENT \_\_\_\_\_  
DATE \_\_\_\_\_

*THIS FORM MUST BE ON FILE AT THE MEMBER HIGH SCHOOL PRIOR TO PARTICIPATION*