

Collinsville Public Schools

Athletic Director
Jim Riley
jriley@collinsville.k12.ok.us
918-798-3113



Guardian Approval for Participation in Athletics, Medical Release and Insurance Waiver

I hereby certify that

_____, _____, _____, _____
(Print Student Name) (Date of Birth) (Grade) (Gender)

has my approval to play on the athletic teams of Collinsville Public Schools. I also give my consent for the above student to travel with the coaches and/or other school representatives on any school sponsored trip. I understand that in case of injury while participating in school athletics, the Collinsville School District and its employees are not liable for such injury, expense or incident thereto.

In the event of an emergency I authorize any Collinsville Schools employee to secure medical services for the above named student if deemed necessary. Collinsville Public Schools and its employees do not accept liability for payment of any resulting bills for medical treatment. I understand any medical information below will be provided to emergency workers/facilities.

Collinsville Public School system doesn't have medical coverage on student athletes. If you want to purchase insurance contact AD Jim Riley @ 918-798-3113.

High School Athletics Only

Some teams practice off campus throughout the school year and are released to travel to other sporting venues. Also, from time to time a coach will dismiss their team during 6th hour. With my signature below, I understand that my son/daughter will travel to other school venues and has my permission to be released from school when their coach releases them.

(Name of Insurance Company) (Policy Number)

(Phone Number of Insurance) (Primary Card Holder Name)

(Hospital Preference) (Primary Care Physician & Phone)

(Print Guardian Name) (Guardian Signature) (Today's Date) (Contact Number)

(Print Second Guardian Name) (Guardian Signature) (Today's Date) (Contact Number)

(Emergency Contact Name and Number) (Student Signature)

