

**NIXYÁAWII COMMUNITY SCHOOL  
EXTRA-CURRICULAR PARTICIPATION AGREEMENT**

This completed form, along with a completed physical form, must be received by the Athletic Director prior to the student's participation in extra-curricular activities. To participate in athletics, each student athlete must pass a physical examination from a licensed medical physician prior to participation in interscholastic athletics. If a participant has an illness and/or injury that is serious enough to require a physician's care, he/she must present his/her coach with a physician's release before resuming participation.

I give my consent for \_\_\_\_\_ to participate in the following extra-curricular activities:

athletics \_\_\_\_\_ school clubs \_\_\_\_\_ drumming \_\_\_\_\_ activities trips \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Daytime Phone \_\_\_\_\_ Evening Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ City \_\_\_\_\_

Personal Insurance \_\_\_\_\_ ID# \_\_\_\_\_

\_\_\_\_\_ I certify that this student is covered by accident/medical insurance and agree to maintain said coverage through the duration of the extracurricular season. I understand that Nixyáawij Community School will not be responsible for medical expenses incurred through participation in school activities.

If, in the event of serious injury or illness, your family physician is not available or is not located in the immediate vicinity and we are unable to contact a parent, does the school have your permission to seek medical attention from the nearest physician?  
\_\_\_\_\_yes \_\_\_\_\_no

If an emergency arises while participating in an away activity, do you consent to treatment by a physician recommended by the host authorities? \_\_\_\_\_yes \_\_\_\_\_no

**IF YOUR ANSWER IS "NO" TO EITHER OF THE ABOVE QUESTIONS, PLEASE SPECIFY ON A SEPARATE PAPER AND ATTACH THE PROCEDURE YOU WISH THE SCHOOL TO FOLLOW, SIGN AND DATE.**

I have read the Extra-Curricular Activities Agreement

\_\_\_\_\_  
Parent/Guardian signature                      Student signature                      Date

PLEASE SIGN AND RETURN TO OFFICE      Received by \_\_\_\_\_