

# HAZELWOOD CENTRAL HIGH SCHOOL PARTICIPATION FORM FOR PRE-SEASON CONDITIONING/INTRAMURALS

This form must be completely filled out and turned in to your conditioning/intramural instructor.

Name: \_\_\_\_\_

It is with my approval that my son/daughter may participate in

\_\_\_\_\_,  
an intramural activity sponsored by the Hazelwood Central High School. I understand the Hazelwood School District does not furnish any kind of accident and/or hospitalization insurance for the students participating in conditioning/intramural activities. Participation in this activity could result in a risk of injury. We therefore recommend that you check with your own insurance company and verify coverage for your child in this type of school activity.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

In case of injury, please notify, \_\_\_\_\_ Phone # \_\_\_\_\_

If they can't be reached call: \_\_\_\_\_ Phone # \_\_\_\_\_