

**PRINCETON HIGH SCHOOL**  
**Athletic Insurance Waiver or Insurance Verification**

(Please fill out either the Insurance Waiver **OR** the Insurance Verification)

**Athletic Insurance Waiver**

We, the parents/legal guardians of \_\_\_\_\_, state that our family health and accident insurance policy sufficiently covers him/her for injuries that she/he may receive during participation in school activities such as athletics, field trips, shop courses, or any other areas requiring some insurance before participating.

We do not wish to participate in the student insurance program provided by a local insurance agent through Princeton High School.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Print Athlete's Name* \_\_\_\_\_

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**Insurance Verification – Must include insurance brochure with check**

We, the parents/legal guardians of \_\_\_\_\_, state that we wish to participate in the student insurance program provided by a local insurance agent through Princeton High School and have filled out and returned the necessary forms for this purpose.

Parent/Legal Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Print Athlete's Name* \_\_\_\_\_



**Princeton High School**  
**Athletic Permission and Responsibility Acknowledgment**

Athlete's Name **(PLEASE PRINT)**

Year in School (Circle one)                      9            10            11            12

Birth Date: \_\_\_\_\_ County and State in which you were born: \_\_\_\_\_

Sport(s): \_\_\_\_\_

**Signatures at the bottom of this form indicate that the athlete has permission to tryout and participate in any sport or activity at Princeton High School.**

1. You must successfully pass a physical examination by a registered physician and the copy of such examination must be on file at Princeton High School. One physical examination per year is sufficient for all sports during that school year. Incoming Freshman Physicals shall be valid for sports participation.
2. This Athletic Permission and Responsibility Acknowledgement Insurance Form must be returned, along with any other required forms for participation signed by both student and parent(s)/legal guardian(s)

**As a Princeton High School student athlete participating voluntarily in interscholastic athletics, I understand that:**

1. I will abide by the rules and conditions set up in the Princeton High School Student Handbook, the student conduct rules of Princeton High School, and the coach's and team rules.
2. I will conduct myself in an exemplary social manner and display good sportsmanship at all times.
3. I will be responsible for all athletic equipment issued to me throughout the season, will promptly return such equipment clean at the end of the season, and will pay for any of the equipment not accounted for by me at the end of the season.
4. I will not use or be in possession of tobacco, alcohol, or other illegal substances. If I do use any of these substances, am in possession of such substances, or am suspended from school for use or possession of these substances, I will be subject to disciplinary actions as outlined in the Princeton High School Student Handbook.
5. I and my parent(s)/legal guardians(s) acknowledge that by participating in interscholastic sports I am exposing myself to the risk of injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a temporary or permanent, partial or complete impairment in the use of my limbs, brain damage, paralysis, or possible death. Having been so cautioned and warned, it is still my desire to participate in sports and to do so with full knowledge and understanding of the risk of injury.

**I, along with my parent(s)/legal guardian(s), certify that I have read and understand all of the athletic policies listed above and in the Princeton High School Student Activities Agenda Handbook, and in order to be eligible for participation I must comply with all requirements listed.**

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Please read and sign the insurance information  
on the BACK OF THIS PAGE.**

