

Student Name:		Parent/Guardian:	
Student's Jeffco ID #:			
Activity:	Home #	Work#	
Grade: 9 10 11 12 M / F (Circle appropriate grade level and gender)		Address:	
Date Of Birth _____		City:	Zip:

### JEFFERSON COUNTY PUBLIC SCHOOLS 2018-19 PARENT PERMISSION FOR ACTIVITY PARTICIPATION

- Before a student is permitted to participate in a Jefferson County activities program this permission form must be signed for each activity and on file with the school.
- The School District is relieved of any or all liability for accidents or injuries connected in any way with the activity program.
- It is the responsibility of the parent or guardian to provide insurance protection for the student while participating in activities.
- The School District makes available student insurance plans which offer coverage for any accident or injury resulting from participation in school sponsored events. This plan is available at your local school. (Check with your school activities director.)
- Occasionally your son/daughter may travel to a practice or a scheduled event in student driven cars. If you object to this procedure, please notify your high school activities director in writing.

**NOTE:** Although participation in supervised school activities programs are among the least hazardous events in which any student will engage, either in or out of school, activities programs do create potential for injury. Parents should be aware that the chance of injury is present while students are participating in school activities and should understand this includes a risk of injury which may range in severity from minor, to long term catastrophic, up to and including death. Those parents who do not wish to expose their students to this possibility should not sign this permission form.

I hereby give my consent for \_\_\_\_\_ to participate  
(name of student)  
in activities for any Jeffco high school.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Parent/Guardian Signature

### ACTIVITY INSURANCE WAIVER

**NOTE:** I fully understand that the Jefferson County schools do not provide any accident or health insurance coverage for my son/daughter while participating in interscholastic activities. I fully understand that it is my responsibility to provide insurance coverage for my son/daughter.

DATE: \_\_\_\_\_ SIGNED: \_\_\_\_\_  
Parent/Guardian Signature  
\_\_\_\_\_  
Name of Student

### STUDENT PASSENGER OF PRIVATE VEHICLE TRANSPORTATION

I am aware that my student may be riding to practice and/or scheduled athletic/activities with an authorized 17 year or older driver who has a valid driver's license and is operating an auto which is insured and in good working condition.

- \_\_\_\_\_ My student has permission to ride with an authorized driver.
- \_\_\_\_\_ My student has permission to ride with adults only (age 21 or older)
- \_\_\_\_\_ My student does not have permission to ride with an authorized driver.  
I will provide transportation if the team does not take a bus.

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

\_\_\_\_\_  
Date

### DRIVER SPECIFICATIONS FOR PARENTS/STAFF/STUDENT DRIVERS

(Reference JJH-E-3)

This authorization is for driving student participants to practices or scheduled athletic events or activities by private vehicle. **(The district does not insure privately owned vehicles.)**

Any licensed driver may be authorized to drive participating students to scheduled school activities provided the conditions outlined below are met:

- The vehicle being driven will be in good working condition.
- All students must wear seat belts.
- The vehicle has liability insurance coverage which meets the minimum standards of the Colorado Financial Responsibility Law.
- The driver is at least 17 years of age or older.
- The number of passengers carried shall not exceed the capacity of the vehicle and the state mandated laws.
- Under 18 years of age, and driving less than 6 months, there will be no one under the age of 21 as a passenger.
- Under 18 years of age, and driving less than one year and more than 6 months, there will be only one passenger under the age of 21.
  - Does not apply to a driver's immediate family.
- You cannot drive a vehicle carrying more than one passenger under age 21, unless you have held your driver license for at least one year.**

The insurance company providing coverage for my vehicle is:

\_\_\_\_\_  
Insurance Company Name

\_\_\_\_\_  
Policy #

I verify that the conditions outlined will be met by the vehicle used on this student travel experience.

\_\_\_\_\_  
Driver's Signature

\_\_\_\_\_  
Student's DOB

\_\_\_\_\_  
Driver's License Number

\_\_\_\_\_  
Date License Issued

\_\_\_\_\_  
# Months

\_\_\_\_\_  
Signature of Driver's Parent/Guardian