

# KIMBERLY SENIOR HIGH SCHOOL

Dominik Unger - *Principal*

Kirby Bright - *Athletic Director/ Dean of Students*

Debbie Klug - *Counselor*

141 CENTER STREET WEST  
KIMBERLY, IDAHO 83341  
(208) 423-4170

## Athletic Permission Waiver

**The Kimberly High School Athletic Department feels it is our responsibility to point out the chances that a player could be injured while participating in any extracurricular athletic program. Please read, sign, and return the following statement.**

I/We give our permission for \_\_\_\_\_  
*Student's name*  
to participate in organized HS activities realizing that such activity involved the potential for injury that is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. On very rare occasions these injuries can be so severe as to result in total disability, paralysis, or even death.

I/We acknowledge that I/We have read and fully understand the intent of this agreement.

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Athlete

Date Received \_\_\_\_\_

Coach's Initials \_\_\_\_\_