



### **7.7.1 ATHLETIC PARTICIPATION POLICIES**

**2021-2022**

The participation in any league or athletic team in athletic competitions will be on a voluntary basis by each student athlete. The families and students will accept, under their own liability, the risk of injury or fatal accidents during the execution of their respective athletic participation.

The following requirements will be followed without exception by each participant of practices or competition.

1. He/she will present the physical examination report by the family doctor which states that the student athlete is cleared for athletic participation.
2. A document signed by the student-athlete's parents or guardian, allowing him/her to participate in athletic competition, accepting the risk of injury. Fill out a form which will include the following statement:
  - a) The athletic participation is of a voluntary nature and the student and parents or guardians are aware that during any practice or athletic competition injuries may occur and that in certain circumstances even fatal accidents may happen.
  - b) That AST does not assume any responsibility for medical expenses or any other fees of that nature.
  - c) All the participating students will have a valid medical health insurance policy which covers accidents sustained while practicing athletic activities. Said health insurance policy cost will be absorbed by the student's parents or guardian. Documentation of said policy must be presented to the AST Athletic Department before the student can be accepted into any athletic program.
  - d) AST will charge the parents or guardians of student-athlete traveling for away games, a fee for the cost of the health insurance policy for the period of the travel and dates of competition. This additional policy is a requirement for travel and it cannot be declined. The parents will receive details of these costs prior to the trip.



**AGREEMENT ON ATHLETIC PARTICIPATION 2021 -2022**

We \_\_\_\_\_ and \_\_\_\_\_ authorize the participation of our son/daughter, \_\_\_\_\_ in the American School of Tegucigalpa’s competitive Athletic Program. We accept and are bound by the 7.7.1 Athletic Participation Policy forged by the Board of Directors and which demands the following:

1. Sports participation is voluntary. The student/athlete and their parents or guardians, are fully aware that training and athletic competition involve the risk of injuries of any kind, which can eventually lead to fatal consequences.
2. That the American School assumes no liability related to medical and other expenses for such consequences.
3. All participating students/athletes must have in an insurance policy that covers such accidents and risks in Tegucigalpa, whose cost will be covered by their parents or guardians and will present undoubted proof of this requirement to the Athletic Department before being accepted into the sports program.
4. The American School will charge the parents or guardians the cost of an accident insurance policy with a specific limit, which covers the students/athletes in their trips and sports activities of the program outside of Tegucigalpa. All expenses incurred by this temporary additional policy will be covered by the beneficiary's parent or guardian and this requirement cannot be waived under any circumstance. Parents will receive information about the insured amount and other pertinent details before the trip.
5. Students may participate in activities that include additional expenses such as travel, hotel stays, club fees, etc. as long as all tuition payments are up to date or with a maximum delay of 30 days to the date of travel.  
The student which tuition is not up to date or with a maximum delay of 30 days, will be allowed to train and participate as a member of the activity excluding the trip.
6. **The following documents will be delivered annually to the Athletic Department:**
  - A) **Certification signed by a Registered Physician who certifies approval of Physical Examination of the student/athlete for sports practices and/or any medical history that must be considered for the health of the student/athlete in their sports participation.**
  - B) **Photocopy of a valid Insurance Policy against accidents that covers our Son/Daughter**
  - C) **This Athletic Participation Agreement signed by both parents.**

We declare that we accept each and every term presented in this agreement. I am signing this document by my own free will in the city of Tegucigalpa, M.D.C. on \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Father Signature

\_\_\_\_\_  
Mother Signature

\_\_\_\_\_  
Student-Athlete Signature

**\*\*\*\* PLEASE RETURN ONLY THIS PAGE TO ATHLETIC DEPARTMENT. \*\*\*\***