

STATEMENT BY PARENT AND STUDENT FOR EXTRA-CURRICULAR PARTICIPATION

WARNING: By its nature, participation in extra-curricular includes a risk of injury, which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school extra-curricular activities, it is impossible to eliminate the risk. Participants can and have the responsibility to help reduce the chance of injury. **PARTICIPANTS MUST OBEY ALL SAFETY RULES AND REPORT ALL PHYSICAL PROBLEMS TO THEIR ADVISOR.** Parents or students who do not wish to accept the risks described in this warning should not sign this permission form.

By signing this permission form, we acknowledge that we have read the Extra-curricular Rules and understand that these rules are in force immediately and will continue through the completion of the student's participation in the activity(ies) noted below.

Instructions: Sign and return to your school advisor.

Student's Name: _____ Activity: _____
(PRINT)

Signed: _____ Date: _____
(Student)

Signed: _____ Date: _____
(Parent or Legal Guardian)

To All Parents,

For your child's welfare, please complete the following form and return it to the advisor as soon as possible. This information will remain confidential and will only be used in the event that an emergency occurs involving your child.

Bill Dowsland
Assistant Principal

EMERGENCY INFORMATION CARD/CONSENT FOR EMERGENCY TREATMENT

Student's Name: _____ D.O.B: _____ Grade: _____

Parent's or Legal Guardian's Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Health Ins. Plan: _____ Policy #: _____

Emergency Number if Not at Home or Work: _____

Family Doctor: _____ Doctors Phone: _____

Allergies: _____

I, _____, parent or legal guardian of _____, in consideration of my son's/daughter's opportunity to participate in interscholastic activities, hereby consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary. I hereby waive on behalf of the above named child and myself any liability of the School District and of its agents or employees arising out of such treatment.

Signature Parent/Legal Guardian

Date