

Medicine Lake Public School
School and Activity Information Sheet

A. STUDENT INFORMATION

Name _____ GRADE _____
(Last) (First) (Middle)

SEX: Male Female Birthday: ___/___/___ Emergency Contact: _____

Parent/Guardian _____ Emergency Contact Number: _____

Home Phone _____

Cell Phone _____

Address _____

City _____ State/Zip _____

PLEASE INITIAL THE APPLICABLE ACTIVITY:

____ Band/Chorus Trips	____ Intramurals	____ Youth Leg.
____ Basketball	____ Jazz Band	____ Cheerleading
____ Pep Band	____ Explore Am.	____ Plays
____ FFA	____ Speech/Drama	____ Field Trips
____ Golf	____ Football	____ Volleyball
____ Track	____ Other	

I/WE give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with competent coaching, the use of appropriate protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. Because of the dangers of participating in the above sport, I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc., and I agree to obey such instructions.

C. PARENT/GUARDIANSHIP STATEMENT

I/We hereby certify and affirm that I/we are the parent(s) legal guardian(s) of _____ (student). I/We have read this warning and understand its terms. I/We understand that all sports can involve many risks of injury including, but not limited to, those risks outlined. I/We hereby assume all risks of playing or practicing to play/participate for the above named student.

D. WAIVER OF LIABILITY

I/We further release and waive, and agree to indemnify, hold harmless or reimburse the school district, and the individual members, agents, employees and representatives thereof, as well as sport supervisors and coaches, from and against any claim which the above named student, I/we, and other parent or guardian, and sibling, or any other person, firm or corporation may have or claim to have, known or unknown, directly or indirectly, for any losses, damages or injuries arising out of, during or in connection with participation by the above named student. I/We understand by signing this warning, agreement to obey instructions, and assumption of risk, I/we am waiving all rights that the above named student, I/we, or any other person may have to any compensation for any physical injury that may result from participation by the above named student.

E. EQUIPMENT RESPONSIBILITY

I agree to be responsible for the safe return or replacement of all athletic and or activity equipment issued by the school to the above named student.

F. CHEMICAL USE POLICY

I understand that the Medicine Lake Public Schools has a Chemical Use Policy which prohibits the use of covered

Chemicals from the first day of fall practice to and including the last day of school. I have read the policy and understand its exceptions.

G. EMERGENCY MEDICAL SERVICE

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I hereby consent for the student named above to be given medical care by the doctor or hospital selected by the school.

Name of Family Physician _____

Physician's Phone Number _____

Hospital Preference _____

H. INSURANCE

I understand that the Medicine Lake Public Schools carries a medical insurance policy which covers participants. I also understand that it is limited in coverage and is most effective as a secondary coverage policy. My son/daughter is also covered by our family medical policy with the company listed below (mark NA if not applicable).

Company Name _____

Policy Number _____

I/WE HAVE READ, UNDERSTAND, AND AGREE TO THE INFORMATION IN ITEMS A THROUGH H, and I/we agree to comply with all school and activity rules and regulations.

I/we acknowledge that the student is under the control of the school district/representative on trips. I/we further acknowledge that should the student violate training rules, activity rules, or state or federal laws, the student is subject to being sent home. I/we agree to accept full responsibility for the return of the student.

Sign _____
(Parent/Guardian Signature)

Sign _____
Player (Student)

DATE _____