

Olympia School District Athletic/Activity Programs

OUT-OF SEASON ASSUMPTION OF RISK AND PERMISSION TO PARTICIPATE

As a parent/guardian of a student athlete requesting to voluntarily participate in (check all that apply):

- open gym
- on campus summer conditioning
- off campus summer program at: _____
- open weight room
- on campus summer practice

I hereby give my permission for _____, currently enrolled at
(Print Student's Full Legal Name)

_____ to participate in the program noted above on _____
(Print School Name) Date(s)

Student's Physical Address: _____ City/Zip Code: _____

Student's Home Phone: _____ Date of Birth: _____ Current Grade: _____

Parent/Guardian's Name: _____
(Please Print)

Parent/Guardian's Work Phone: _____ Cell Phone: _____

Family Physician: _____ Phone Number: _____

Medical Insurance Company: _____ Phone Number: _____

Medical conditions, medications, allergies: _____

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:
_____, Relationship to student: _____
Phone: _____

I understand that participation in organized sports and sport-related conditioning and/or instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to, bruises, cuts, sprains, broken bones, dislocations, concussions and the potential for other serious injuries, including paralysis or death. I have discussed this potential with my child and I acknowledge that my child is aware of the dangers and has sufficient physical ability to safely and voluntarily participate in programs noted above. We further agree to assume all the risk of injury or death associated with the Olympia School District program(s).

I also certify that my child has no medical or physical conditions that could interfere with their safety in this activity and have provided the school with their signed current/unexpired sports physical examination. Further, we have read and signed the Concussion/Head Injury and Sudden Cardiac Arrest Acknowledgement form.

I hereby authorize the coach and/or school district staff in charge, and qualified emergency medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment, if possible.

In the event it becomes necessary for the coach and/or school district staff in charge to obtain emergency care for my child, I understand that neither they, nor the Olympia School District, assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any and all such costs associated with an accident or injury involving my child.

Being fully informed as to these risks and responsibilities, I hereby consent to my child participating in the open gym, weight room or summer conditioning, practices and/or camps.

Parent/Guardian's Signature Date Contact Phone Number