## Assumption of Risk/Permission to Participate

|                      | arent or guardian of a student requesting to , I hereby acknowledge that I have read, under   | register for participation inrstood, and agree to the following:  | sponsored by the Mukilteo School  |  |
|----------------------|---|---|---|--|
| 1.                   | injury include, but are not limited to, deat damage, serious injury to virtually all inte   | Is many risks of injury, even when played in an in-<br>th, serious neck and spinal injuries (which may remal organs, bones, joints, ligaments, muscles, to<br>rment to other aspects of the body, general health,   | result in complete or partial paralysis), brain tendons, and other aspects of the muscular        |  |
| 2.                   | I further certify that my child has no media<br>willing to assume and bear the costs of all   | medical or physical conditions which could interfere with his/her safety in this activity, or else I am of all risks that may be created, directly or indirectly, by any such condition(Parent initial)   |   |  |
| 3.                   | may be used during summer activities if it<br>fitted by a district-hired football coach durin<br>school, it is used only by my son/daughter | It (football only) – My signature below indicates my understanding that a district-owned football helmet and/or set of pads ring summer activities if it is currently certified for interscholastic use (meets NOCSAE safety standards), if it has been chired football coach during current year spring football drills, if it is part of the current inventory of my son/daughter's high only by my son/daughter, if it is only used during designated activities, if it is returned directly to the district-hired coach her activity, and if I agree to pay the replacement cost (current market value) prior to the start of the next football season injument(Parent intitials) |   |  |
| Transp               | portation   |   |   |  |
| instanc              | ct-approved Mukilteo School District coach ma<br>es. Your signature below indicates your agree<br>ating in.                                 | ay provide transportation in some instances; however<br>ement to provide and arrange transportation for the   | ver, transportation will not be provided in most<br>e summer activities your son/daughter will be |  |
| Medica               | al Information  |   |   |  |
| The foll             | lowing special health problems should be note   | d:  |   |  |
|                      |   |   |   |  |
| In the e             | event of an emergency, please list 2 persons y  | ou wish to be notified in case you cannot be conta  | cted:   |  |
|                      |   | Phone   |   |  |
|                      |   | Phone   |   |  |
|                      |   | 1 Hole  |   |  |
|                      | al Release  |   |   |  |
|                      |   | at reasonable effort will be made to contact the parton to secure emergency medical care as needed.   | arent/guardian immediately. However, if I am  |  |
| Name o               | of Preferred Doctor   | Phone   | e   |  |
| Medica               | al Insurance  |   |   |  |
|                      | District requires but does not provide me   | bility for medical expenses that may arise from medical insurance for my child. I certify that my o   |   |  |
| Health               | Insurance Carrier:Plan Number (required):   |   |   |  |
|                      | ticipants are required to have medical or s<br>ct your school's main office for information   | tudent accident insurance. Student accident in  | nsurance is available through your school.  |  |
| Althoug              | gh I understand that the Mukilteo School Dist   | rict will make reasonable effort to provide a safe  | environment, I am fully aware of the special  |  |
| danger               | s and risks inherent in participating in this activ   | vity, including physical injury and/or death. Being f   | ully aware of the risks, I hereby give  |  |
| permiss              | sion for  | who attends   | to  |  |
|                      | (Student)   | (School)  |   |  |
| particip             | ate in the above summer activity, for the purpo   | ose of practicing fundamental skills in order to enha   | ance skill and performance level.   |  |
| Parent/Guardian Name |   | Home Phone  |   |  |
| . areity             | (please print)  | Home Phone  | •   |  |
| Addres               | 35  | Work Phone  |   |  |
| Addies               | ···   | WOIN FIIONE_  |   |  |
| Doron4               | Cuardian Signatura  | Date  |   |  |