

Assumption of Risk/Permission to Participate

As a parent or guardian of a student requesting to register for participation in (*please list all Spring/Summer activities that your student will participate in*): _____ sponsored by the Mukilteo School District, I hereby acknowledge that I have read, understood, and agree to the following:

1. I acknowledge that the above activity entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually all internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health, and well-being. _____ **(Parent initial)**

2. I further certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity, or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by any such condition. _____ **(Parent initial)**

3. Use of Equipment (football only) – My signature below indicates my understanding that a district-owned football helmet and/or set of pads may be used during summer activities if it is currently certified for interscholastic use (meets NOCSAE safety standards), if it has been fitted by a district-hired football coach during current year spring football drills, if it is part of the current inventory of my son/daughter's high school, it is used only by my son/daughter, if it is only used during designated activities, if it is returned directly to the district-hired coach after each summer activity, and if I agree to pay the replacement cost (current market value) prior to the start of the next football season for damaged equipment. _____ **(Parent initials)**

Transportation

A district-approved Mukilteo School District coach may provide transportation in some instances; however, transportation will not be provided in most instances. Your signature below indicates your agreement to provide and arrange transportation for the summer activities your son/daughter will be participating in.

Medical Information

The following special health problems should be noted: _____

***IF YOUR STUDENT HAS A HEALTH CONDITION:** Medical files, supplies and medications are locked in the health room after school, and coaches/advisors DO NOT have access to these. *Please send a dedicated supply of any medications (inhalers, Epipens, etc.) that your student might need to practice each day* and make sure your student knows how to use them. Please inform staff of any life-threatening or chronic health conditions they should be aware of, in case of any emergency.

In the event of an emergency, please list 2 persons you wish to be notified in case you cannot be contacted:

_____ Phone _____
_____ Phone _____

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Mukilteo School District to secure emergency medical care as needed.

Name of Preferred Doctor _____ Phone _____

Medical Insurance

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that **the Mukilteo School District requires but does not provide medical insurance for my child**. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your school's main office for information.

Although I understand that the Mukilteo School District will make reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in this activity, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for _____ (____/____/____) who will attend _____ / _____ in _____
(Student Name, first and last) (Date of Birth) (School) (Grade) (school year)

to participate in the above summer activity/activities, for the purpose of practicing fundamental skills in order to enhance skill and performance level.

Parent/Guardian Name _____ Cell Phone _____
(please print, first and last) Work Phone _____

Address _____ Home Phone _____

Parent/Guardian Signature _____ Date _____