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Summer activities permission form

The Everett School District is coordinating participation of team members in the following voluntary activities. Your initial next to any of the following summer activities indicates permission for your child to take part.

SCHOOL: **JACKSON HS** SPORT: **CROSS COUNTRY**

Student Name _____ Grade _____

PARENT INITIAL

1. JV and Incoming Freshman Cross Country Summer Conditioning @ Jackson HS;
Monday- Wednesday and Friday **Time:** 8:00 weight room 9:00-10:30 running
2. Varsity Cross Country Summer Conditioning @ Jackson HS;
Mon, Wed, Fri **Time:** 8:00 weight room 9:00-10:30 running **Thursday – TBA weekly workouts**

Transportation

A district-approved Everett 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 activities initialed on the previous page. Everett School District coaches, other than those approved to drive, will not be making arrangements.

Signature of Parent/Guardian

Student Name- Please Print

Assumption of Risk and Use of Equipment Release

As a parent or guardian of a student planning to participate in summer activities initialed on page one of this document, I hereby acknowledge that I have read, understood, and agree to do the following:

1. I acknowledge that the sport listed above 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.
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 and such condition.

Athletic Physical Exam Required

I certify that my child had an athletic physical conducted by a physician with the last 2 years.

Signature of Parent/Guardian

Date

Medical Information

Special health problems: _____

In the event of emergency, I wish the following person be notified in case I cannot be contacted

Name _____ 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 Everett 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 Everett 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 high school main office for information.

I am fully aware of the special dangers and risks inherent in participating in on- or off-campus summer activities in the sport listed previously, including physical injury and/or death. Being fully aware of the risks, I hereby give permission for my son/daughter to participate in the activities initialed on page one of this document and taking place during the summer .

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____