BAINBRIDGE ISLAND SCHOOL DISTRICT No. 303

STRONG MINDS, STRONG HEARTS, STRONG COMMUNITY

ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a_____ camp,
I hereby acknowledge that I have read, understood and agreed to the following:

I agree to discuss with my child appropriate behavior and conduct that is expected while attending this camp and to get an assurance from my child that they will abide by these expectations including proper respect to the adult coach(s)/ staff-in charge and other athletes participating in the program.

I hereby give my permission for_____, to participate in the camp
(Print Student Name)

located at_____on /during_____.
(School Name) (Date(s)

Student's Address:_____ City:_____

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

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

Family Physician:_____ Phone Number:_____

Medical Insurance Name:_____ Policy Number:_____

Medical conditions, medication information or allergies:

_____

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

_____ Relationship:_____Phone:_____

I understand that participation in organized sports and sports instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to, bruises, cuts, broken or dislocated bones, concussions, and the potential for other more serious injuries, including paralysis or death. I have discussed this potential with my child and I believe that my child has sufficient physical ability to safely and voluntarily participate in this program. **(Student Initial)_____ (Parent Initial)_____**

I also certify that my child has no medical or physical conditions, which could interfere with his/her safety in this activity. **(Student Initial)_____ (Parent Initial)_____**

I hereby authorize the coach/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. **(Student Initial)_____ (Parent Initial)_____**

In the event it becomes necessary for the coach/school district staff-in-charge to obtain emergency care for my student, neither she/he, nor the Bainbridge 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 costs associated with an accident or injury. **(Student Initial)_____ (Parent Initial)_____**

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We have reviewed the attached Concussion Information sheet and Sudden Cardiac Arrest sheet. **(Student Initial)_____ (Parent Initial)_____**

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS **DOCUMENT, CONCUSSION INFORMATION SHEET, SUDDEN CARDIAC ARREST SHEET,** AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT ATHLETIC PROGRAM. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ THE ABOVE, UNDERSTAND ITS CONTENT AND WISH TO PARTICIPATE

_____	_____	_____
Signature of parent/guardian	Date	Daytime Phone