

2018-19 Warrenton-Hammond Athletic/ Activity Permission Slip

Student's Name: _____
Address: _____

Student's Phone: _____
Email Address: _____
Grade: _____

Sports (Circle all that apply):

Fall: FB VB CC Winter: GBX BBX WR SWIM Spring: TK BB SB GLF

Parent/ Guardian Name: _____
Doctor: _____
Last Physical Date: _____
Emergency Contact Name: _____

Parent Phone: _____
Doctor Phone: _____
(Copy must be on File with Office)
Emergency Phone: _____

FEES: \$100 Per Sport, 3rd Sport Free. Family Maximum is \$400.

(Students enrolled in Free Lunch program \$75 per sport, \$325 family maximum.)

The following rules are mandatory for all students participating in sports at Warrenton-Hammond School District interscholastic Athletics/ Activities. The student participant and parent/guardian must sign this form before they can start a sport/ activity.

Parent or Guardian Permit:

I want my student to have the privilege of participating in competitive school athletics. _____ (student's name), therefore, has my permission to compete in all sports approved by the Board of Education of the local School District and to be transported by the District and go with the coach on any regularly scheduled trips.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the district assumes no financial obligation for any injury that may occur. *I am advised that students are held responsible for all players' equipment owned and issued by the school.*

Physical:

The student athlete will have a physical form on file with the office. All athletes are required to have a physical within two years of the sports completion date. Also, all transfer students, plus those students who are returning from a series injury or illness must have a recent physical on file. This is not applicable to students in non-athletic extracurricular activities. **MUST BE OSAA PHYSICAL FORM**

Insurance Information:

_____ My son/daughter is fully covered by insurance carried by Parent/Guardian, and the school will not be liable for any injury that occurs during athletic activities or travel for activities.

Name of company with which insured _____
Date: _____

(Signature of Parent/Guardian)

OR

_____ My son/daughter is covered by insurance purchased through the school, 20____ / _____ school year. School insurance information is available in the office. Check below:

_____ School time Insurance (all sports except football).

_____ Twenty-four hour insurance.

_____ Football

TURN OVER FORM TO COMPLETE

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Additional Information:

By signing below I agree to the following statements:

I have read this document and agree to all stipulations above.

I have read and agree to the sport-specific cautionary statements for the sports my son/ daughter participates in.

I give permission to my student to be ImPact tested.

I have read and understand the Warrenton-Hammond athletic handbook and my son/ daughter will adhere to all rules within.

I authorize the supervising coach, school employee or designee at the time of any accident or illness to consent to any medical or surgical treatment of the above student if the parent/ guardian cannot be reasonable located.

By signing this form I give my son/ daughter permission for all sports in 2018-19.

Parent/ Guardian Printed Name: _____

Parent/ Guardian Signature: _____

Date: _____

Student Printed Name: _____

Student Signature: _____

Date: _____