

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID#: \_\_\_\_\_

SCHOOL:  HAZEN  LINBERGH  RENTON HIGH

**NOTE: A current physical is required for Summer Activities.**

**School insurance purchased for the previous school year is good through July 31 and will cover MOST summer activities (Please confirm that your insurance coverage will cover camps OR that the camp will provide coverage).**

CHECK SUMMER SPORT(S)  Baseball  Basketball  Cheer  Cross Country  Dance/Drill  Football  
 Golf  Gymnastics  Soccer  Softball  Swimming  Tennis  
 Track & Field  Volleyball  Wrestling  Spring Football  Club/Other: \_\_\_\_\_

**EMERGENCY TREATMENT RELEASE  
TO BE COMPLETED BY PARENT/COURT APPOINTED GUARDIAN**

Parent/Guardian Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

**By WIAA rule, proof of court ordered/appointed guardianship must be presented. Parent/guardian only may sign, not other relatives.**

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Student Date of Birth: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Chronic Problems (Asthma, Heart Murmur, Diabetes, etc.): \_\_\_\_\_ Life Threatening? Y/N \_\_\_\_\_

Allergies (Medication, Bee Stings, etc.): \_\_\_\_\_ Epi Pen Needed? Y/N \_\_\_\_\_

**\*\*Insurance is required. Student accident insurance is available through your school. Contact your Main Office for information\*\***

Health Insurance Carrier: \_\_\_\_\_ Plan Number (Must be Listed): \_\_\_\_\_

Family Doctor & Clinic: \_\_\_\_\_ Phone: (\_\_\_\_\_) \_\_\_\_\_

**TO BE COMPLETED AND SIGNED BY STUDENT AND PARENT/COURT-APPOINTED GUARDIAN**

**NOTE: Summer transfers from out-of-district are not eligible for Summer Activities until a transcript has been provided and the student is officially enrolled and approved by the Building Athletic Director and the Director of Athletics. Due to limited staffing during the summer months it is possible that a transfer student will not be able to participate in summer activities.**

**As a parent or guardian of a student planning to participate in summer activities, I hereby give my permission for my student to participate in all activities for the sport/s listed above and acknowledge that I have read, understood, and agree to the following:**

- I hereby authorize and direct any medical or surgical care including anesthesia, laboratory x-rays and other procedures necessary in the emergency medical care of the above named minor during the period of his/her sport season.
- I acknowledge that this sport 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.
- 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.
- 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, if it is used only by my son/daughter, if it is only used during designated activities, if it is returned directly to a 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 fall football season for damaged equipment. Further, I understand that my son/daughter is prohibited from wearing a helmet not currently owned by the Renton School District.
- TRANSPORTATION** – A district-approved Renton School District coach *may* provide transportation via district van in some instances; however, transportation will not be provided in most instances. Your signature below indicates your agreement to provide or arrange transportation for activities approved for summer participation. Renton School District coaches, other than those approved to drive district vehicles, will not be making arrangements or providing transportation.

Parent/Guardian  
Signature

Date:

Student  
Signature

Date: