

ETON SCHOOL

Parent/Guardian Ultimate Practice Informed Consent Form

I hereby give my permission for _____
(Name of Student)

to participate in Ultimate practice at Crossroads Park 999 165th AVE NE, Bellevue, WA 98008 and Marymoor Park 6046 West Lake Sammamish Parkway NE, Redmon, WA 98052. Transportation for this activity will be provided by parents/guardians.

As parent, or legal guardian, I authorize a qualified physician to examine the above-named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist, including a surgeon, as deemed necessary to insure proper care of any injury. I understand that every effort will be made to contact parent/guardian to explain the nature of the problem before any involved treatment.

In the event it becomes necessary for the Eton School staff-in-charge to obtain emergency care for my child, neither the staff-in-charge nor Eton School assumes financial liability for expenses incurred because of accident, injury, illness, and/or unforeseen circumstances.

Student address: _____

Student home phone: _____ Date of birth: _____

Describe any medical condition, including allergies that could affect the student's Ultimate practice experience:

_____ None _____ My child has the following: _____

On the line below, please print parent/guardian name, and home, work and/or cellular phone number:

In the event of an emergency (injury, illness and unforeseen incident), if the parent/guardian cannot be contacted, the person(s) listed as Secondary Emergency Contacts on file with Eton School will be contacted.

I read the attached itinerary and understand that Eton School will make every reasonable effort to provide a safe environment during the Ultimate practice. As the parent/guardian of the above-named student, I understand that there are inherent risks associated with participation in these activities including physical injury, and/or other consequences. I acknowledge that school rules apply on all field trips.

Signature of Parent /Guardian

Date

.....
Additional Information for Ultimate Participation

Student's Grade: _____ Student's Classroom: _____

Student's Age: _____

Tee Shirt Size Child: ___ Small ___ Medium ___ Large

Adult: ___ Small ___ Medium ___ Large ___ XL