Issaquah High School Guest Request Form

Issaquah High School students may bring one guest to a school dance after completing this form, this form is DUE to Ms. Couty in the athletic office by 3:15pm the Thursday before the dance.

Students must abide by the following regulations:
- Guest must enter and leave with their Issaquah High School Host
- Issaquah High School Host student is responsible for the behavior of their guest
- Issaquah High School Host student is responsible for informing guest about IHS behavior expectations and need to bring ID
- Any forged signatures will result in forfeit of dance/event attendance by IHS student and guest
- Failure to abide by school rules will result in the removal of both the IHS student and guest from the event.

<table>
<thead>
<tr>
<th>IHS Student Info:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
</tr>
<tr>
<td>Student ID #</td>
</tr>
<tr>
<td>Dance</td>
</tr>
</tbody>
</table>

I, the undersign signed, will abide by the Issaquah High School rules and regulations, as well as all requests made by IHS staff and chaperones.

IHS Student Signature: __________________________

I, the undersign signed, approve of my IHS student’s request to bring a guest to an IHS event and have read and agreed to the terms stated above:

Name: __________________________ Parent Signature: __________________________

Guest Info: Guests must be high school aged (14-20) AND in 9th grade or higher.

<table>
<thead>
<tr>
<th>GUEST STUDENT WHO ATTENDS ANOTHER SCHOOL IN THE ISSAQUAH SCHOOL DISTRICT</th>
<th>STUDENTS FROM A HIGH SCHOOL OUTSIDE OF ISSAQUAH</th>
<th>NOT IN SCHOOL/ONLINE SCHOOL/HOMESCHOOL/18-20 yr old</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name</td>
<td>Name</td>
<td>Name</td>
</tr>
<tr>
<td>Birthdate</td>
<td>Birthdate</td>
<td>Birthdate</td>
</tr>
<tr>
<td>Student ID #</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Attached to this form is:</td>
<td>Attached to this form is:</td>
<td>Attached to this form is:</td>
</tr>
<tr>
<td>□ A copy of 1 photo ID (driver’s license, school ID, passport, etc.)</td>
<td>□ A copy of 1 photo ID (driver’s license, school ID, passport, etc.)</td>
<td></td>
</tr>
<tr>
<td>□ Business card of an administrator from my high school</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Guest School Administrator’s Signature: “I acknowledge the guest has an acceptable behavior record and is eligible to attend events at our school, and is therefore eligible for this Issaquah High School Event.”</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Name:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

I, the undersigned, will abide by the Issaquah High School rules and regulations, as well as all requests made by IHS staff and chaperones. I also acknowledge as a guest who does not attend this school, I will not be included in any school based contact tracing if I’ve exposed to COVID 19 at this event.

Guest Signature: __________________________
INFORMED CONSENT FORM RE:

- INFLATABLE RIDES AND GAMES
- CLUBS AND ACTIVITIES BASED ON A SPORT, DANCE OR EXERCISE ACTIVITY
- FOR A PROJECT THAT REQUIRES USE OF TOOLS

Student Name: ___________________________    Birth Date: ________

School: ___________________________    Grade: ________

This school strives to protect each student from possible injury while engaging in school activities. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the advisor and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

We accept and understand that the use of inflatable rides and games, clubs and activities based on a sport, dance or exercise activity and projects that requires use of gardening or shop tools involves certain inherent risks, danger and hazards associated with participation, which include but are not limited to: muscular strains; bruises, scratches; scrapes; broken bones; dislocations; sprains; head injuries; concussions; serious neck and spinal injuries potentially resulting in complete or partial paralysis; brain damage; blindness; serious injury to all internal organs; serious injury to all bones, joints, ligaments, muscles and tendons; contusions; dislocations; fractures; and which may also include other serious bodily injuries necessitation long term care and significantly impairing enjoyment of life or life activities. An inherent risk, danger and hazard associated with participation could even be death.

(Parent Initial) ________
We accept and understand that certain activities such as tumbling and stunting carry with them a greater risk of injury.

(Parent Initial) ________
We understand that the inherent risks of activity/club cannot be eliminated without jeopardizing the essential qualities of the activity/club. We have reviewed all of these risks and we understand and appreciate them and still desire to participate in the activity/club.

(Parent Initial) ________

We certify that (Student Name) ___________________________________________________________________________ has no medical or physical conditions which could interfere with or compromise his/her safety in participating in this activity.
(Parent Initial) ________

I authorize qualified emergency medical professionals to examine, and in the event of an injury or serious illness, to administer emergency medical care to the above-named student.
(Parent Initial) ________

In the event it becomes necessary for school district staff to obtain emergency medical care for the above-named student, we understand that neither the staff member nor the school district assumes financial liability for the expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.
(Parent Initial) ________

I certify that my household has sufficient medical insurance to facilitate any necessary medical care or resultant care for any injury that may be sustained by the above-named student.
(Parent Initial) ________

HAVING READ AND INITIALED THE STATEMENTS ABOVE, I ACKNOWLEDGE THAT I HAVE READ THIS DOCUMENT AND FULLY UNDERSTAND THE RISKS ASSOCIATED WITH PARTICIPATING IN THIS VOLUNTARY SCHOOL DISTRICT PROGRAM(S). BY SIGNING BELOW, I CERTIFY THAT I UNDERSTAND THE ABOVE AND HAVE REVIEWED THE CONTENT WITH MY STUDENT, AND GIVE MY PERMISSION FOR MY STUDENT TO PARTICIPATE.

__________________________________________  ____________________________  __________
Parent/guardian name (please print)  Parent/guardian signature  Date

8/19 LW