



Parent/Guardian Informed Consent Form

Woodinville High School Baseball Little League Camp. This camp is March 4th from 9:00am-11:00am at the Woodinville High School Baseball Field. Players 6-12 years in age will be taught baseball skills by the Woodinville High School Baseball Coaching staff and players.

Student Name _____ Age _____ NSD Student ID Number _____

T-Shirt Size YS YM YL AS AM AL AXL

Although Northshore School District attempts to ensure the safety of all involved in a school activity, participation in activities available on this outing have inherent risks that may result in serious injury. Careful consideration should be given to the risks and dangers associated with these activities before making the decision to participate.

In the case of a serious medical emergency, 911 will be called to evaluate your student and/or the child will be transported to the nearest hospital for evaluation and treatment. Parents/guardians will be notified immediately. Please provide a phone number where someone can be reached during this activity.

Insurance information required for emergency medical services:

Physician Name _____ Phone (____) _____

Subscriber Name _____ Insurance Company _____

Insurance Address _____ City/State _____ Zip _____

Policy # _____ Group # _____ Subscriber Birth Date _____

☐ I understand that I am responsible for any medical bills that may be incurred due to an accident/injury of my child while participating in this event.

☐ I do not have insurance coverage for my child and understand that I am responsible for any medical bills that may be incurred due to an accident/injury while participating in this event.

Parent/Guardian Acknowledgement: I acknowledge that I have read and understand the above information and grant permission for my child's participation in this event. I agree to hold and save harmless the Northshore School District, its school board, employees and assigns for any claims, suite or damages (including but not limited to defense and indemnification) which might result from my child's participation in the above-described event.

My signature below indicates my student is hereby granted permission to attend the field trip/activity described above.

Print Parent/Guardian Name _____

Parent/Guardian Signature _____ Date _____

Best phone number to be reached during this activity _____

Best e-mail to receive information regarding camp _____

Please mail this form and check for \$40.00 to Woodinville High School 19819 136th Ave NE, Woodinville, WA 98072 C/O Alan Dillman. Checks made payable to Woodinville High School.