

Hold Harmless/ Concussion Agreement

In the event of an emergency I grant permission for emergency medical treatment to be given and I agree to pay all medical bills not covered by the insurance company listed on my child's registration form. I release the Hockinson School District and Hockinson Community Education from responsibility for any bills resulting from injuries incurred in these programs. While no sports physical is required for my child to participate, I understand that my child should be in good physical condition appropriate to the activity, and that a current physical exam is strongly recommended. I have listed information regarding allergies or other medical conditions about my child or myself of which staff should be aware.

By signing this, I have read and understood the WA State Concussion Law. Even though most concussions are mild, all concussions are potentially serious and may result in complications including prolonged brain damage and death if not recognized and managed properly. For current and up-to-date information on concussions you can go to: cdc.gov/headsup/youthsports

Parent/Guardian Signature: _____ Date: _____



Hockinson School District 98
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