

South Kitsap High School Athletics
2024 CAMP/out of season PERMISSION FORM

Participant Name: _____ **Grade** (2024/2025 School Year) : _____

This form will cover your student athlete from May 1- August 15, 2024. This timeline will include practices, camps, scrimmages, weight training/conditioning, and fund raising.

The following are **required** for participation in the out of season conditioning:

- Medical Insurance
- This Permission Form

I approve of my son/daughter's participation in the following South Kitsap Youth Camp:

NAME OF CAMP: _____

I/We realize there is a certain degree of danger of physical injury inherent in sports participation although it is understood that every effort will be made to minimize such danger through proper coaching and training techniques. I/We accept full responsibility for the cost of treatment for any injury that he/she may suffer while taking part in the program.

Accident insurance is required for all students participating in our sports program. Insurance is available through the school if you do not have a plan of your own or would like to supplement your own coverage. The rates vary depending on the coverage you choose and/or need. Accidental dental coverage is available for a full year.

We have adequate medical insurance, which will be kept in force through August 2024.

Insurance Company _____
Policy Number

We have adequate accidental dental insurance, which will be kept in force through August 2024.

Insurance Company _____
Policy Number

I hereby grant permission for my son/daughter to participate in the above activity today – August 15, 2024.

Parent/Guardian Signature _____ **Date** _____

Parent phone _____ **Parent email:** _____

Emergency/Alternate contact, name & phone #: _____

Student/Athlete Signature _____ **Date** _____

Questions? Please contact Kerri Mueller @ SKHS Athletics. Phone: 360-874-5731 or email: muellerk@skschools.org