



PRINCIPAL
Travis Ey

WALLENPAUPACK AREA HIGH SCHOOL

ASSISTANT PRINCIPAL
Amanda Schmalzle, Ed.D.

**ASSISTANT PRINCIPAL/ATHLETIC
DIRECTOR**
Brett Buselli

DIRECTOR OF SCHOOL SECURITY
Eric Halas

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COUNSELORS
Janice Frayko
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Dear Parent or Guardian:

Attached to this letter is the "Athletic Permission and Release/ Emergency Medical Treatment Authorization/Equipment Notice" form. The school district requires that each coach maintain a signed copy with him/her during practices, during an athletic event, or during transportation to or from any athletic event or practice.

- Parents are encouraged to enroll their student/athletes in the Student Accident Insurance Program offered by the district. This insurance program should be viewed only as an addition to the family's primary medical insurance plan, not as a substitute plan. Enrollment forms are handed out to all students in the beginning of the year to purchase this plan.

Wallenpaupack School District maintains student accident insurance for all participants of interscholastic sports (including band members, cheerleaders, majorettes, student coaches, student trainers and student managers). The coverage is based on a primary excess over \$100.00 and a maximum of \$1,000,000. However, this policy is activated only after the family's primary insurance plan is exhausted. All claims must be submitted to participant's parent's insurance first; otherwise insurance coverage will be delayed or put at risk. It should be noted this insurance covers the participating athlete during the individual sports season as established by the Pennsylvania Interscholastic Athletic Association (PIAA) for Fall, Winter and Spring sports seasons and does not cover club sports or preseason activities.

- Your student will receive athletic equipment necessary to participate in the sport they have chosen. All equipment provided by the school district must be returned in the condition it was issued. If the equipment, uniform or warm-ups are not returned at the conclusion of the student's participation in such sport, the parent/guardian will be billed for the replacement cost of such equipment if lost or damaged.

Please complete this form and have your student return it immediately to their coach.

Sincerely,

Brett Buselli
Athletic Director
Wallenpaupack Area School District

Wallenpaupack Area School District
Athletic Permission and Release/Emergency Medical Treatment/Equipment & 504 Notification

Athletic Permission and Release:

The undersigned, being the Parent(s) or Guardian(s) of Student, agree and give permission for the Student to participate in the School District athletic program described below, and the undersigned, as well as the Student, for themselves, their successors and assigns all agree to generally release and hold harmless Wallenpaupack Area School District, its directors, employees, agents, successors and assigns, of and from any and all liability, damages, expenses, costs and fees for any claim arising out of the participation of the Student in said athletic program including all transportation related to said program. It is the express understanding of the undersigned and of the Student that this participation is not required in any manner, but rather is voluntary. The undersigned and the Student assume all risks of harm arising out of this activity.

It is the Parent/Guardian's responsibility to notify the Advisor/Coaching Staff if their child has an IEP or current Section 504 on file with the District.

PLEASE PRINT ALL INFORMATION

SPORT: _____ **STUDENT'S FULL NAME:** _____

Student's Date of Birth: _____ Grade Level: _____ (for the school year **2026-27** participation)

Parent/Guardian's Name: _____

Mailing Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Emergency Medical Treatment Authorization:

In the event my child is injured during a Wallenpaupack Area athletic practice or contest during the PIAA established specific sport season, requiring consultation and /or treatment at a hospital or by medical personnel and the undersigned cannot be contacted,; the undersigned (Parent/Guardian) of child hereby authorizes the coaching staff of the Wallenpaupack Area team to take those measures reasonably necessary to procure the required medical examination and/or treatment, including, but not limited to, authority to authorize the said examination and /or treatment by hospital or medical personnel.

PARENT/GUARDIAN SIGNATURE: _____ **DATE:** _____

INSURANCE POLICY INFORMATION: _____

Known Allergies/Significant Health Issues: _____

Medications: _____ **Epipen:** ___ Yes ___ No ___ **Asthma:** ___ **Inhaler:** ___ Yes ___ No ___

Glasses: ___ **Contacts:** _____

Primary Care Physician: _____ **Office Telephone:** _____

Equipment Notice: I, the parent/guardian of above student, understand that I may be billed the total replacement cost in the event the equipment issued to my son/daughter becomes damaged, destroyed or lost.

PARENT/GUARDIAN

SIGNATURE: _____ **DATE:** _____ (Updated 08/24/2026)

The Wallenpaupack Area School District does not discriminate on the basis of race, color, national origin, sex, disability, or age in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies. Mr. Keith Gunuskey, Superintendent, 2552 Route. 6, Hawley, PA, 18428. Telephone-(570) 226-4557 ext. 3000.