

Olympia School District Athletic Programs
Assumption of Risk and Permission to Participate

As a parent or legal guardian of a student requesting to voluntarily participate in (check all that apply):

_____ open gym _____ on campus summer conditioning
_____ open weight room _____ on campus summer practice
_____ off campus summer program at: _____

I hereby give my permission for _____, currently enrolled at
(Print Student's Full Legal Name)
_____ to participate in the athletic/activity program at _____
(School Name) (School Name)
on/during _____
[Date(s)]

Student's Address: _____ City / Zip Code: _____

Student's Home Phone: _____ Date of Birth: _____ Current Grade: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Work Phone: _____ Cell Phone: _____

Family Physician:	Phone Number:
Medical Insurance Company:	Policy Number:
Medical conditions, medication information, allergies: _____	

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:
_____, Relationship: _____ Phone: _____
(Please Print)

I understand that participation in organized sports and sport-related conditioning and/or instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to, bruises, cuts, sprains, broken bones, dislocations, concussions and the potential for other serious injuries, including paralysis or death. I have discussed this potential with my child and I acknowledge that my child is aware of the dangers and has sufficient physical ability to safely and voluntarily participate in programs noted above. We further agree to assume all the risk of injury or death associated with the Olympia School District program.

I also certify that my child has no medical or physical conditions that could interfere with his/her safety in this activity and have provided the school with their signed current/unexpired sports physical examination. Further, we have read and signed the Concussion/Head Injury and Sudden Cardiac Arrest Acknowledgement form.

I hereby authorize the coach/school district staff in charge, and qualified emergency medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above-named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment, if possible.

In the event it becomes necessary for the coach/school district staff in charge to obtain emergency care for my child, I understand that neither he/she, or the Olympia School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any and all such costs associated with an accident or injury involving my child.

Being fully informed as to these risks and responsibilities, I hereby consent to my child participating in the open gym, weight room or summer conditioning, practices and/or camps.

_____, _____, _____
(Signature of Parent/Legal Guardian) (Date) (Contact Phone)