

Centennial Middle School

Field Day: Climbing Wall Permission Form

STUDENTS NAME: _____ (Please print clearly in pen)

Birth Date: _____ Age: _____ Home Phone: _____ Grade _____

PARENT'S NAME(s): _____

Address: _____ City: _____ Zip: _____

Father's Cell Phone: _____ Work Phone: _____

Mother's Cell Phone: _____ Work Phone: _____

My child is covered by the following Insurance Company (Required): _____

If the parents and/or authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgment of the school authorities, do you authorize and direct the school authorities to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as immediately as necessary?

Yes _____ No _____ **Parent/Legal Guardian Signature:** _____

INSURANCE: I assume financial responsibility for medical expenses that may arise out of my child's participation and understand that the school district does not provide medical insurance for my child.

WARNING AND AGREEMENT TO OBEY INSTRUCTIONS: I am aware that playing or practicing to play/participate in any sport/physical activity can be a dangerous activity involving many RISKS OF INJURY. I understand that the dangers and risks of playing or practicing to play/participate in interscholastic sport(s) include but are not limited to death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, injury to internal organs, bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal systems. I understand that the dangers and risks of playing or practicing to play/participate in the interscholastic sport(s) may result not only in serious injury, but also in a serious impairment of my future abilities.

Because of the dangers of participating in the interscholastic sport(s), I recognize the importance of following coaches' instructions regarding playing techniques, training and other team rules, etc, and agree to obey such instructions. I further understand that by following the instructions provided by the Snohomish School District, the risk of injury described above may be reduced, but that due to the nature of the sport I have selected, there is still risk of injury regardless of the precautions taken or procedures followed.

I further acknowledge that baseball, basketball, football, soccer and wrestling are sports which involve violent person-to-person contact and, therefore, the risk of injury in these sports is even greater than other sports.

I understand that all sports can involve many RISKS OF INJURY, including, but not limited to, those risks outlined. I also understand that the consequences of injury may exceed the benefits afforded by my own medical insurance and acknowledge that the District has informed me of this possibility. I agree to hold harmless and indemnify the Snohomish School District, its employees, officers and agents from all claims, liability, actions or lawsuits, except for acts or omissions involving the sole negligence of the School District.

INSURANCE: I assume full financial responsibility for medical expenses that may arise out of my child's participation and understand that the Snohomish School District does not provide medical insurance for my child.

Signature of Student

Date

Signature of Parent/Legal Guardian

Date

Revision Date: May 31, 2023