

**WASHOE COUNTY SCHOOL DISTRICT
ATHLETIC EMERGENCY INFORMATION FORM**

LAST NAME	FIRST NAME	Date of Birth	Grade Level
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Parent/Guardian's Name

Address

Home Phone

Cellular Phone number(s)

Mother's Business Phone

Father's Business Phone

Two persons you recommend we call in the event you cannot be reached:

1. _____ Phone: _____

2. _____ Phone: _____

Preference of physicians: (Please include name, telephone number and address.)

1. _____
Name Phone Address

2. _____
Name Phone Address

Preference of Hospital: _____

Medical history and physical limitations or problems that should be known by the coach:

HEALTH/ACCIDENT INSURANCE: I understand my child/ward must be covered by health/accident insurance to participate in this athletic activity and it is solely my responsibility to ensure my child/ward is covered by health/accident insurance. By signing this form, I attest that my child/ward is covered by health/accident insurance.

As parent/legal guardian, I authorize and direct WCSD to obtain medical care for my child/ward in the event such care is necessary. I understand that, if possible, I will be contacted in the event my child/ward requires medical attention. I grant to a licensed health care provider or accredited hospital permission to perform any necessary medical and/or surgical procedures that are essential for the treatment of my child/ward and agree to be responsible for payment for such care. I release WCSD, its Board of Trustees, employees, volunteers and agents from any costs, damages, liability or loss resulting from the exercise of discretion in securing medical care for my child/ward.

Student Signature _____

Parent Signature _____

Date _____

Date _____

Revised: February 2015

**WASHOE COUNTY SCHOOL DISTRICT
MIDDLE SCHOOL REGULAR SEASON AND OFF-SEASON
SPORT/CONDITIONING PARTICIPATION PERMIT**

**AGREEMENT TO OBEY INSTRUCTONS, RELEASE, ASSUMPTION OF RISK AND
AGREEMENT TO HOLD HARMLESS IN ATHLETICS**

Instructions to Student and Parent/Guardian:

Please read both the STUDENT and PARENT/GUARDIAN provisions of this form. Sign, date and return this form.

STUDENT

I am aware playing or practicing to play/participate in any sport 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 an off-season sport/conditioning program include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons, and other aspects of the muscular skeletal system, and serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life.

Because of the dangers of participating in a sporting activity, I recognize the importance of following coaches' instructions regarding playing techniques, training, and other team rules, etc., and agree to obey such instruction.

In consideration of the Washoe County School District permitting me to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby assume all risk associated with participation and agree to indemnify, defend, and hold the Washoe County School District, its Trustees, employees, agents, representatives, coaches and volunteers harmless from any and all liability, actions, causes of action, debts, claims or demands of any kind and nature whatsoever which may arise by or in connection with my participation in a regular season or off-season sport/conditioning program.

I fully understand that participation in an off-season program does not guarantee me a position on a team and/or a place in the starting line-up. I have not been pressured by a coach to participate nor have I been informed that this off-season program is a requirement in order to be a member of said team.

The terms hereof shall serve as a release and assumption of risk for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Student

Date

Signature of Parent

Date

PARENT/LEGAL GUARDIAN

I affirm that I am the lawful parent/legal guardian of the previously mentioned student, _____ . I have read the student warning and release and understand its terms. I understand that all sports can involve **RISK OF INJURY**, those risks outlined in the **Student** section above. I also certify that my child/ward has no ailment or organic defect that would make participation in a sporting activity dangerous to his/her health.

In consideration of the Washoe County School District permitting my child/ward to participate in a regular season or off-season sport/conditioning program and to engage in all activities related to said program, I hereby expressly relieve, indemnify, save, and hold harmless the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage suffered or incurred by said child/ward as a result of the acts, omissions, or conduct of any person other than the negligence of the Washoe County School District while said child/ward is participating in this activity.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

I fully understand that participation in an off-season does not guarantee my child/ward a position on a team and/or a place in the starting line-up.

The terms hereof shall serve as a release for me, my heirs, estate, executor, administrator, assignees, and for all members of my family.

Signature of Parent/Guardian

Date



STUDENT TRAVEL (FIELD & ACTIVITY TRIP) PERMISSION & WAIVER OF LIABILITY AND ASSUMPTION OF RISK

I hereby acknowledge that I am the lawful parent or legal guardian of (student name) _____ . On (date) _____ , (school/dept/class) _____ will be participating in an _____ field/activity trip to _____ . Transportation to the field/activity trip will be provided by (school bus/charter bus/approved driver in private vehicle/foot, etc.) _____ .

I hereby expressly relieve, indemnify, save, hold harmless, and agree to defend the Washoe County School District, its Board of Trustees, and all its volunteers, agents or employees thereof from and against any and all liability or claims arising from injury or damage, including property loss or damage, suffered or incurred by my child/ward as a result of the acts, omissions, or conduct of any person, including an employee, trustee, volunteer and/or agent of the Washoe County School District and assume all risk associated with participating in this activity.

I understand that this activity can involve risk of injury including but not limited to neck and spinal injuries, and injury to bones, joints, ligaments, muscles, and tendons. I also certify that my child/ward has no ailment or organic defect that would make participation in this activity dangerous to his/her health.

I further agree to assume the responsibility of seeing that my child/ward cooperates and conforms to the fullest extent with the directions and instructions of the individual(s) supervising my child/ward.

I understand it is my responsibility to carry and maintain medical insurance for my child/ward. In the case of an emergency and the parent/guardian cannot be reached, I hereby authorize the Washoe County School District or any of its employees, agents, representatives, instructors, coaches, or volunteers to obtain whatever medical treatment they deem necessary for the welfare of my child/ward. If the injury or illness is life threatening or my student is in need of emergency treatment, I authorize the District or any of its employees, agents, representatives, instructors, coaches, or volunteers to summon any and all professional emergency personnel to attend, transport, and treat the student. I further understand and agree that I will be financially responsible for all charges/fees incurred in the rendering of said treatment even if such charges/fees are not covered by medical insurance.

v2, 10/10/2016

Student Full Legal Name: _____

Date of Birth: _____

Nick Name _____

Gender: ___ Female ___ Male

Medical Treatment Information for Medical Treatment

Allergies to Medications:	
Allergies (Other):	
Conditions for which the child is currently receiving treatment:	
Other significant medical information:	

I acknowledge that I have reviewed and understand all of the above, and I hereby consent and give permission for my child/ward to participate in this activity.

I hereby **consent** to allow my child/ward (name), _____, to participate in this field/activity trip and I acknowledge that I have reviewed and understand the above.

OR

I hereby **decline** to allow my child/ward (name), _____, to participate in this _____ field/activity trip.

Parent/Guardian Name (Please Print) Date

Parent/Guardian Signature

v2, 10/10/2016