

CATEGORY 3 - WIAA SPONSORED IN-SEASON AND POST-SEASON FIELD TRIP/ACTIVITY PARENT/GUARDIAN PERMISSION FORM

Dear Parent/Guardian:

School Year: _____

During the course of the athletic season, your student athlete may have the opportunity to participate in Washington Interscholastic Athletic Association (WIAA) sponsored events outside of the immediate area. This may include sponsored events outside of a 150 radius and/or requiring an overnight stay. Per District Regulation 2320P, the coach or other district staff will notify you prior to each event and provide a detailed itinerary. Your signature below gives permission for your student to participant in these events and applies only to this athletic season. Other athletic related trips that are not WIAA sponsored or fall outside of the regular season will not apply.

Sport: _____ Coach: _____

ASSUMPTION OF RISK/ PERMISSION TO PARTICIPATE

As a parent or guardian of a student requesting to voluntarily participate in a WIAA sponsored regular season and post season events, I hereby acknowledge that I have read, understood and agreed to the following:

I hereby give my permission for _____ who attends _____
(Print Student's Name) (School Name)

to participate in WIAA sponsored regular season events and post season playoff/championship events with the understanding they may take place outside of a 150 mile radius from the school and require an overnight stay.

Student's address: _____ City: _____

Parent's home phone # _____ Cell: _____ Birthdate _____

Family physician: _____ Phone: _____

Medical conditions, medication information or allergies the District should be made aware of:

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

Name: _____ Phone: _____

I acknowledge that this activity entails known and unanticipated risks which could result in **physical or emotional injury, paralysis or death, as well as damage to property, or to third parties.** I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity. I agree to hold and save harmless the Issaquah School District, its School Board and Employees, and assigns for any claims, suits or damages (including but not limited to defense and indemnification) which might result from my child participating in the above-described event/activity.

I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, 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.

In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.

Signature of Parent/Guardian

Date

Work Phone