**Washington Elementary School District**

**Athletic Team Permission Form /Release**

STUDENT NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ BIRTH DATE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GRADE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ HOME PHONE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CELL PHONE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OTHER EMERGENCY CONTACTS:

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

INSURANCE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ GROUP / MEMBER #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

ALLERGIES, MEDICATIONS, ETC.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*To Whom It May Concern:*

*I hereby request that my son/daughter attend / participate in the \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ School Sports Program on the (circle) team.* BASKETBALL       CROSS COUNTRY       CHEERLEADING       SOCCER

SOFTBALL       WRESTLING      TRACK and FIELD       VOLLEYBALL       OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Middle Schools / Jr. Highs: All students will be required to ride the school transportation to district away games.  Optional parent/guardian return is approved only when the coach is notified in writing prior to departure.*

*Washington Elementary School District does not carry an accident insurance policy to cover injuries sustained by students in the Athletic/Sports Program. Therefore, the District strongly recommends that some form of insurance be provided by the parents/guardians.  Student accident insurance is offered for a nominal fee.  Applications are in the school health office or the school office. Parents/guardians should understand that participation in this activity could result in a serious and /or disabling injury.*

*I hereby give the school personnel permission to use their judgment in obtaining medical service for my child, and I give permission to the physician selected by the school personnel to render medical treatment deemed necessary and appropriate by the physician. I agree to relieve the school and other participating adults from any liability in connection with this request.*

ON HIGH POLLUTION DAYS:  *Please circle one* – My child     MAY     MAY NOT      participate.

**\*\*\* A participation fee of $25.00 for 7-8 will be collected from each team member.  These fees may be used to purchase team uniforms, pay coaching stipends, replace practice or game equipment, hire officials, or other expenses. The principal is authorized to waive the assessment of all or part of the participation fee if it creates an economic hardship for a student. No student should be denied participation for their ability to pay.\*\*\***

Middle School events and K-8 championship Events may charge an entrance fee of $1.00 for students (grades 4-8) and $2.00 for adults. Families may purchase a Middle School Activity Card for $10.00, which allows free entry to all games, including other schools for the year, except tournaments.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_

E-mail (optional):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**This agreement must be returned to the coach prior to any practice.**