

McM EXTRA-CURRICULAR ACTIVITIES ENROLLMENT FORM

Please circle all sports/activities that you plan to participate in:

FALL	WINTER	SPRING
Boys Soccer Cross County Football Volleyball	Boys Basketball Girls Basketball Girls Soccer Wrestling Clubs	Track and Field Clubs

Date: _____ Incoming Grade: 6 7 8 (circle one)

Student Name: _____
 (please print) (last) (first) (MI)

Students Birth Date: _____ Gender: M / F (circle)

Parent/Guardian Name: _____
 (please print) (last) (first) (MI)

Parent/Guardian Name _____
 (please print) (last) (first) (MI)

Address: _____ City: _____ Zip: _____

Home Phone #: _____ Cell Phone #: _____

ACTIVITIES CODE

By signing below, you acknowledge that you have read, understand and agree to the Vashon Island School District Activities Code in your eligibility packet reading material.

X: Student Signature _____ Date _____

X: Parent /Guardian Signature _____ Date _____

CONCUSSION INFORMATION

By signing below, you acknowledge that you have read and understand the Vashon Island School District concussion information sheet in your eligibility packet reading material.

X: Student Signature _____ Date _____

X: Parent /Guardian Signature _____ Date _____

SUDDEN CARDIAC ARREST INFORMATION

By signing below, you acknowledge that you have read and understand the Vashon Island School District sudden cardiac arrest information sheet in your eligibility packet reading material.

X: Student Name Signature _____ Date _____

X: Parent /Guardian Signature _____ Date _____

EXTRA-CURRICULAR TRAVEL AUTHORIZATION

Travel by private transportation rather than district provided transportation is prohibited unless approved in advance. Please understand that most of our coaches prefer that their students travel to and from events with their teammates.

I request that my child be allowed to be dropped off or to walk off the ferry at:

- Pt. Defiance Tahlequah (south end) Fauntleroy Southworth Vashon (north end)

I understand that if I have arranged, through this prior written approval, to transport my son/daughter from an event, the duty and responsibility of the school, coach/advisor and the Vashon Island School District had ended when my son/daughter is released to my care. I agree that coach/advisor and the school district should not be held accountable when students are authorized to use alternative means of transportation.

X: Parent /Guardian Name Signature _____ Date _____

MEDICAL PERMISSION

Parent permission for extra-curricular participation covers the entire year including summer program participation.

Participants and their parents or guardians should be aware that participation in interscholastic activities may result in accidental injury that, in some cases, may be serious in nature. Please see the sport specific safety guidelines for more information.

MEDICAL ALERT Please list particular medical concerns, e.g. seizures, bee stings, etc.: _____

In case of emergency involving my child, the coach or other appropriate School District official is authorized to take all steps which may be necessary including and without limitation, the following when and if appropriate in the judgment of the official (not necessarily in the order stated when more than one step is taken): (1) call 911 or an equivalent number to summon emergency medical assistance; (2) call me or any other persons listed below; (3) call our physician/clinic listed below, (4) if unable to reach persons identified in (2) and (3) above: (a) call or take my child to a locally available physical or (b) take my child to a local hospital. I hereby authorize any provider of medical assistance listed above including any physician, paramedic and any hospital to provide such medical treatment and procedures as may in his/her judgment are necessary.

Persons to be called in medical emergencies if I am unavailable:

- 1. _____ Phone #: _____
- 2. _____ Phone #: _____
- 3. _____ Phone #: _____

Physician or Office

Phone No.

REQUEST FOR WAIVER OF SCHOOL ACCIDENT PLAN COVERAGE (INSURANCE STATEMENT)

I understand that my (son) (daughter) cannot participate in boys' or girls' after school activities unless (he) (she) is covered by the School Accident Coverage Plan or a private insurance that provides adequate coverage.

PLEASE SELECT ONE:

STATEMENT OF SCHOOL ACCIDENT COVERAGE PLAN

My (son) (daughter) is covered by School Accident Coverage Plan and I will continue to keep it in force throughout the activity season. Starting date of the policy: _____

STATEMENT OF PRIVATE INSURANCE

Name of insurance Company: _____ Policy No. _____

My (son) (daughter) is covered by the insurance listed above and I will continue to keep it in force throughout the activity season. I accept full responsibility for the cost of treatment for any injury he/she may suffer while taking part in the program. Please permit him/her to take part in extra-curricular activities.

By signing below, you acknowledge that the information you have provided is correct and you grant permission for your son/daughter to participate in extra-curricular activities in the Vashon Island School District.

X:Parent /Guardian Name Printed _____ Signature _____ Date _____

This form must be completed, signed and returned to the school office before participation in any extra-curricular activity.