

McMURRAY CLUBS AND ACTIVITIES ENROLLMENT FORM

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

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

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

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

Address: _____ City: _____ Zip: _____

Parent Email: _____ 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 the Student/Parent Handbook.

Parent /Guardian Name (Printed) _____ Signature _____ Date _____
 Student Name (Printed) _____ Signature _____ Date _____

MEDICAL PERMISSION

Parent permission for clubs and activities participation covers the entire year including summer program participation.

Participants and their parents or guardians should be aware that participation in some activities may result in accidental injury that, in some cases, may be serious in nature.

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 (student) 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 clubs and activities in the Vashon Island School District.

Parent /Guardian Name (Printed) _____ Signature _____ Date _____