

# EXTRA CURRICULAR SIGNATURE APPROVAL FORM

~ PLEASE CIRCLE SPORTS ~

FALL VOLLEYBALL CROSS COUNTRY FOOTBALL ASB CARD \_\_\_\_\_  
WINTER BOYS BB GIRLS BB WRESTLING DRAMA  
SPRING TRACK

Please read all information in this packet carefully and return this form to the Student Services office with the blue **Emergency Card** and **Pre-participation Physical Examination Report**. Any questions can be directed to the Student Services office at 379-4543. We hope your participation in extra-curricular activities at Blue Heron School is a rewarding and enjoyable experience.

Student's Name (please print): \_\_\_\_\_ Grade in School: \_\_\_\_\_

Parent's Name(s): \_\_\_\_\_ Home phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work phone: \_\_\_\_\_

## ACTIVITIES CODE

We have read the ACTIVITIES' CODE. We understand all information provided fully including: mission statement, eligibility for participation, general regulations, athletic disciplinary action, and WIAA requirements. My child, whose name is printed above, meets all WIAA requirements. (Keep the Activities' Code for your reference)

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ DATE \_\_\_\_\_

## MANDATORY ACCIDENT INSURANCE

(Check one)

- Option 1 \_\_\_\_\_ My son/daughter is currently enrolled in the Student Accident Insurance Program offered through the Port Townsend School District.  
Option 2 \_\_\_\_\_ My child is covered by the insurance listed below and I will continue to keep it in force throughout the sports season. If there are any changes in this status, I will contact the school to inform them of changes in insurance. The high school principal or designee is authorized to contact the company named below to verify coverage limitations. I accept full responsibility for the cost of treatment of any injury that my son/daughter may suffer while taking part in the program.

Name of Company Providing Insurance: \_\_\_\_\_

Policy or Group #: \_\_\_\_\_

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

## EMERGENCY INFORMATION

Emergency Contact: \_\_\_\_\_ Emergency phone: \_\_\_\_\_  
(Person if parents cannot be contacted)

Medication: \_\_\_\_\_ Allergies: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

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

## ASSUMPTION OF RISK/INFORMED CONSENT

Participation in athletics at Blue Heron Middle School is a voluntary, extracurricular activity. Participation in any athletic activity can result in an injury of some type. The severity of such injury can range from minor cuts, scrapes, muscle strains, or broken bones, to catastrophic injury such as complete paralysis or even death. No amount of reasonable supervision or training can completely eliminate this possible risk. The purpose of this warning is to bring to your attention the existence of potential dangers associated with athletic participation and aid you in making an informed decision in allowing your student to participate in athletic activities. In consideration of the above warning and assumption of risk, I give permission for my student \_\_\_\_\_ to participate in the athletic program and to engage in all activities related to the team.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_

We have read the enclosed forms regarding concussions and are aware of the risks and symptoms.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ DATE \_\_\_\_\_

We have read all of the forms mentioned above and understand them fully and will abide by all rules as stated.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_ STUDENT SIGNATURE \_\_\_\_\_  
DATE \_\_\_\_\_ DATE \_\_\_\_\_