

Parent/Guardian Signature

ENUMCLAW HIGH SCHOOL

Athletics & Activities

226 Semanski Street South Enumclaw, WA 98022 Athletics: 360-802-7718 Activities: 360-802-7722

	Office Use Only
ASB	USER
Physical	
	5/6 or 6/6

GOLF	SPO	RTS	SAF	ETY FORM	
Name		Grade	Age	Date of Birth	Home Phone
Residence (Home Address):	<u></u>		<u> </u>		
Person to call if injured	Р	hone	7	Alternate Person to call if injured	Phone
hysician Name:		Address:			Phone
Medication in Use:				Medication Allergies	
Health condition coaches should be av	vare of:	-			
chool Insurance: Yes No:				Private Insurance Co:	
res No		2501		MEDICAL TREATMENT	
epresentative to attend to our son/	daughter. I hereby	authorize any	hospital/me	ital designated by the Enumclaw School edical facility that has provided treatmoresentative upon completion of treatmoresentative. Date:	ent to the above named student to
safety procedures and well follow the directions/stand Travel to and from off-cam 1. Make certain that you 2. Advise the coach if you 3. Advise the coach if you 4. Engage in warm-up 5. Be alert for any physe 6. Before swinging a cludyou could injure son 7. Be aware of the dang	l-fitting equipm dards of the coa pus facilities sh ou wear all equipm ou are ill or have you have been inj activities prior to sical hazards in th ub, make certain neone ger of standing in	ent are imp ch. all be in acc nent that is i any prolong ured. strenuous p ae locker roo that the area front of or o	cortant aspectance was some or the sympton or in/or a around you the side of t	with the directions of the head are coach ms of illness. a. around the participation area. Adu is clear of others. Be careful after of a person who is attempting to his	Each participant is expected to golf coach. vise coach of any hazard.
	s of other players the ball until a pr of its existence b	' positions or oper distanc y shouting o	n the course ce is availab or other app	e when you are hitting or when the ble between golfing groups. If you ropriate means.	ey are hitting. You are vulnerable at observe a ball of course, make any
The above information has necessity of using the prop				and the list of rules and proced	ures. I also understand the
I		_, am the p	arent/lega	al guardian of	(student), I have read
the above warning and rele employees, agents, represe or demands of every kind a for my heirs, estate, execut	ease, and under entatives, coach and nature wha	stand its te es and volu tsoever whi	rms. We a nteers fro ich may ar	gree to hold harmless the Enur m any and all liabilities, actions rise from such risks. The terms all members of my family.	mclaw School District, its s, causes of action, debts, claims s hereof shall serve as a release
Student/Athlete's Signature				Date:	

Athletic/Activities Director Signature: