

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					
CDA	5/6 or 6/6				

## SPORTS SAFETY FORM

Residence (Nome Address):  Person to call if ligitared Phone Address: Phone Addre	$\mathfrak{S}_{\mathbf{I}}$	$\alpha n$	S			
Person to call if injured	Name	Grade	Age	Date of Birth	Home Phone	
Medication in Use:   Medication Allergies   Medication Allergies	Residence (Home Address):	-				
Medication in Use:  Medication Allergies  Medication Allergies  Medication Allergies  Medication Allergies  Private Insurance:  Yes No:  PERMISSION FOR MEDICAL TREATMENT  If the above named student needs immediate care and treatment as a result of any injury or illness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse or hospital designated by the Enumdaw School District's coaching staff or school representative to a tatent do our son/daughter. I hereby authorize any hospital/medical facility that has provided treatment to the above named student to surrender custody of that student to the coach, athletic director or other school representative upon completion of treatment.  Parent Signature  Date:  Enumclaw School District strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach.  Travel to and from off-campus facilities shall be in accordance with the directions of the head Swim coach.  Advise the coach if you are ill or have any prolonged symptoms of illness.  Advise the coach if you have been injured.  Engage in warm-up activities prior to strenuous participation.  Do not who entere the water thead first, in an area not so designated or in less than 5 feet of water at anytime to provide the coach.  Do not div	Person to call if injured Phone			Alternate Person to call if injured	Phone	
Health condition coaches should be aware of:    Private Insurance Co:   Yes	Physician Name:	Address:		Phone		
Private Insurance:	Medication in Use:			Medication Allergies		
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	Ithe above warning and release, and under employees, agents, representatives, coach or demands of every kind and nature what for my heirs, estate, executor, administrate	, am the p rstand its te nes and volu ntsoever wh	arent/legarms. We anteers from	gree to hold harmless the Enumclav m any and all liabilities, actions, cau ise from such risks. The terms here all members of my family.	w School District, its ses of action, debts, claims	

Athletic/Activities Director Signature: