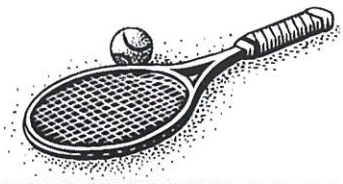

TENNIS

# 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_____
GPA_____5/6 or 6/6

# SPORTS SAFETY FORM

| Name | Grade | Age | Date of Birth | Home Phone |
|---|---|---|---|---|
| Residence (Home Address): | | | | |
| Person to call if injured | Phone | | Alternate Person to call if injured | Phone |
| Physician Name: | Address: | | | Phone |
| Medication in Use: | | | Medication Allergies | |
| Health condition coaches should be aware of: | | | | |
| School Insurance: Yes_____ No:_____ | Private Insurance Company | | Group # | Policy # ID# |

**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 Enumclaw School District's coaching staff or school representative to attend to 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 and practice/competition sites must be in accordance with school procedures and with the direction of the head Tennis coach.

1. Make certain that you wear all equipment that is issued by the coach
2. Advise the coach if you are ill or have any prolonged symptoms of illness.
3. Advise the coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards in the locker room or in/or around the participation area. Advise coach of any hazard.
6. Before swinging a racquet, make certain that the area around you is clear of others. Ensure that your equipment is in proper working order and acceptable condition.
7. Familiarize yourself with court surface and obstacles on courts before beginning play.
8. Be conscious of your partner's position on the court in doubles play

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques in the Tennis program.

I_____, am the parent/legal guardian of _____(student), I have read the above warning and release, and understand its terms. We agree to hold harmless the Enumclaw School District, its employees, agents, representatives, coaches and volunteers from any and all liabilities, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees and for all members of my family.

**Student/Athlete's Signature:**

**Date:**

**Parent/Guardian Signature:**

**Athletic/Activities Director Signature:**