



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	

VOLLEYBALL

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:			Private Insurance Co:	
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 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 shall be in accordance with the directions of the head Volleyball 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. Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc.

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 Volleyball 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: