

COLONY HIGH SCHOOL SPECIAL EVENT PARTICIPATION FORM

TO BE COMPLETED FOR PARTICIPATION IN OPEN GYMS, EXTRA CURRICULAR WEIGHT ROOM ACTIVITIES, and SPECIAL EVENTS

ACTIVITY: _____
Return to coach/sponsor

YEARLY PHYSICAL *IS RECOMMENDED*.

Last Name: _____ First Name: _____ M.I. _____ Male / Female Grade: _____
Print Print

Address: _____

INSURED BY: (Mandatory) _____ Policy #: _____

PARTICIPATION GUIDELINES:

- ♦ I understand insurance is mandatory and the Matanuska-Susitna School District does not provide students with accident insurance; however, student insurance may be purchased separately for initial coverage or to supplement private coverage.
- ♦ As the parent or guardian of this student, I hereby release, waive, discharge and agree to hold harmless the Matanuska-Susitna School District, its agents, officers, employees and volunteers, from all liability to my spouse, my child, or me from any and all loss and personal injury, including injury resulting in death.
- ♦ I understand that accidents may occur. If first aid is required, emergency treatment may be provided. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child by a physician, qualified nurse, and/or hospital, in the event of injury or illness. I hereby waive on behalf of my spouse, the above named child and myself any liability of the school district and of its agents, employees, or volunteers arising out of such medical treatment.
- ♦ I hereby accept financial and legal responsibility of the above student in event of an injury or illness.
- ♦ I hereby accept financial and legal responsibility of the above student for property damage, lost equipment or disciplinary sanctions.
- ♦ I hereby consent to provide transportation to and from activity(ies). I accept that students are not allowed to loiter at school in order to wait for later scheduled events or loiter at conclusion of activity(ies).
- ♦ I hereby consent to abiding by the Matanuska-Susitna School District's, ASAA's, Colony High School's, and sponsor's rules and regulations.

SPECIAL INSTRUCTIONS/HEALTH CONCERNS REGARDING MY STUDENT: _____

EMERGENCY CONTACT NAME and NUMBER: _____

DATED THIS _____ DAY OF _____ 20____.

Parent name(s): _____ Contact numbers _____ / _____

_____ Signature _____ Contact numbers _____ / _____
Print Daytime Evening

Student's signature: _____ Student School ID # : _____

ACTIVITY: _____ Date (s): _____ Overnight? Y or N Times-Start: _____ Finish: _____

DESCRIPTION OF ACTIVITY:

(Completed by Coach/Sponsor)
