

AFTERSCHOOL SPORTS PARTICIPATION PERMISSION SLIP:

_____ has my permission to participate in the after school program. I understand that transportation to the competitions will be by private automobile, and that I am responsible for transportation to and from games and practices. If transportation to and from games is arranged, my child has permission to be transported by private automobile to the game location.

My child has had a recent physical examination:

_____ My child has no special health needs that the staff should be aware of and no medication is required.

_____ My child has a special health need: _____

_____ He/she takes the following medication: _____

In the event of an emergency, such as illness or injury, I do hereby consent to whatever X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and/or hospital care from a licensed physician and/or surgeon, or performed by or under supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services if it may be necessary.

Behavior Expectations:

_____ I fully understand that participants are to abide by all rules and regulations governing conduct during sports activities.

_____ I understand that participation in the Sports and Clubs program is a privilege and if I am on Loss Of Privilege (LOP) or on a Grades or Behavior Contract with my teacher or Principal, I may not be allowed to participate in practices and/or games.

_____ I take financial responsibility for my school-issued uniform, if one is issued to me, and will return it in good condition or reimburse WHMS if lost or damaged.

As stated in California Education Code Section 35330, I understand that I hold Ross Valley School District, its officers, agents, and employees, harmless from any and all liability claims, which may arise out of or in connection with my child's participation in this activity.

Date: _____

Parent/Guardian Name: _____ Signature: _____

Student Name: _____ Signature: _____

Home Phone: _____ Cell: _____

Parent/Primary E-Mail: _____ Student E-Mail _____

In case of emergency please notify:

Name: _____ Phone _____ Cell _____

Name: _____ Phone _____ Cell _____