

**ISSAQUAH SCHOOL DISTRICT #411**  
**OPEN GYM/SUMMER PRACTICE**  
**ASSUMPTION OF RISK/PERMISSION TO PARTICIPATE**

As a parent or guardian of a student requesting to voluntarily participate in a year around open gym or \_\_\_\_\_ summer athletic practice, I hereby acknowledge that I have read, understood and agreed to the following:

I agree to discuss with my child appropriate behavior and conduct that is expected while attending this activity and to get an assurance from my child that they will abide by these expectations including proper respect to the adult coach(s)/staff-in charge and others participating in the program.

I hereby give my permission for \_\_\_\_\_, currently enrolled at \_\_\_\_\_  
(Print Student Name) (School)

to participate in the athletic/activity camp located at \_\_\_\_\_ on/during \_\_\_\_\_.  
(School Name) (Date(s))

Student's Address: \_\_\_\_\_ City: \_\_\_\_\_

Student's Home Phone: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Physician Phone Number: \_\_\_\_\_

Medical Insurance Name: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Medical conditions, medication information or allergies:  
\_\_\_\_\_

In the event of an emergency, I wish the following person to be notified in case I cannot be contacted:

\_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

I understand that participation in organized sports and sports instruction carries with it the risk for bodily contact that may cause physical injury, including but not limited to, bruises, cuts, broken or dislocated bones, concussions, and the potential for other more serious injuries, including paralysis or death. I have discussed this potential with my child and I believe that my child has sufficient physical ability to safely and voluntarily participate in this program.

I also certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.

I hereby authorize the coach/school district staff-in-charge, and qualified emergency medical professionals to examine my child in the event of an accident, injury or serious illness, and to administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.

In the event it becomes necessary for the coach/school district staff-in-charge to obtain emergency care for my student, neither she/he, nor the Issaquah School District assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances. I understand that I am responsible for any costs associated with an accident or injury.

Being fully informed as to these risks, I hereby consent to my child participating in the open gym or summer practice.

\_\_\_\_\_  
Signature of Parent/Guardian Date Daytime Phone