COLONY HIGH SCHOOL SPECIAL EVENT PARTICIPATION FORM

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

ACTIVITY:			YEARLY PHYSICAL IS RECOMMENDED.			
	Return to coach/sp	eturn to coach/sponsor				
Last Name:	Print Fire	st Name:	Print	_ M.I	Male / Fe	male Grade:
Address:						
INSURED BY: (Manda	atory)				Policy #:	
PARTICIPATION GUID	· · ·				_ 1 Oney #.	
 I understand in accident insural supplement private As the parent of Matanuska-Susimy child, or methodal in understand the consent to emoly welfare of my consent to employees, or a light hereby accept disciplinary sand in hereby consent at school in ordinal in light hereby consent in the light h	surance is mandatory ance; however, student vate coverage. In guardian of this stude sitna School District, its from any and all loss at accidents may occuergency medical treatmential by a physician, quay spouse, the above nat volunteers arising out of financial and legal rest financial and legal rest to provide transportations. Into provide transportation and regulations.	ent, I hereby releases agents, officers, eand personal injury. If first aid is requirent, hospitalization alified nurse, and/or such medical treasponsibility of the asponsibility of the action to and from action to and from action to and from action to and from action to and sponsibility of the action to and from action to a	e, waive, discharmoloyees and vor, including injury ired, emergency, or other medica or hospital, in the eleft any liability of atment. Soove student in elevate at conclusion chool District's, A	ge and a lunteers resulting treatment I treatment event of the school vent of a property ept that so of activity SAA's, (agree to hold agree to hold agree to hold agree and all lia grin death. Int may be prent as may be injury or ill pool district a an injury or ill damage, lost students are ty(ies).	d harmless the bility to my spouse, rovided. I also be necessary for the ess. I hereby waive and of its agents, st equipment or not allowed to loiter
EMERGENCY CONTA		ER:		20		
	DATED TING	BATOT_		20	·	
Parent name(s):			Contac	t numbe	ers	1
			Contac	t numbe	ers	1
Print		Signature			Day	/time Evening
Student's signature:			Stu	dent Sc	hool ID#:	
ACTIVITY:				<u>N</u> Time	es-Start:	Finish:
DESCRIPTION OF ACTIV	VITY:					
(Completed by Coach/Spo						