

PALMER HIGH SCHOOL

SPECIAL EVENT Participation FORM



COMPLETED FOR PARTICIPATION IN OPEN GYMS, POWDER PUFF FOOTBALL,
WEIGHTLIFTING and SPECIAL EVENTS

ACTIVITY: _____
RETURN TO COACH/SPONSER

YEARLY PHYSICAL IS RECOMMENDED

Last Name: _____ First Name: _____ M.I _____

Address: _____ Male/Female _____ Grade ___

INSURED BY: (*Recommended*) _____ School Student ID#: _____

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 Borough 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 volunteer 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 activities. I accept that students are not allowed to loiter at school in order to wait for later scheduled events or loiter at conclusion of activities.
- I hereby consent to abiding by the Matanuska-Susitna Borough School District's, ASAA's, Palmer High School's, and sponsor's rules and regulations.

SPECIAL INSTRUCTIONS/HEALTH CONCERS REGARDING MY STUDENT: _____

EMERGENCY CONTACT NAME and NUMBER: _____

Dated this. ____ ~~day~~ _____ 20__

PARENT NAME(S): _____ **Contact Numbers: Home:** _ _ _ _ **Cell:** _____

PARENT SIGNATURE _____

Print Signature Date

_____ **STUDENT SIGNATURE:** - - - - -

Print Signature Date