

**HOOD CANAL SCHOOL DISTRICT  
SPORT/ACTIVITY PERMISSION FORM**

My son/daughter, \_\_\_\_\_ has my permission to participate in Volleyball to be held September 22nd-October 22nd, 2015

In case of emergency (Coach Rohde or Coach Miller) has my permission to obtain medical treatment for my child.

My child has the following allergies or other health problems (describe): \_\_\_\_\_  
\_\_\_\_\_

Medication: \_\_\_\_\_

Doctor's Name and Address: \_\_\_\_\_

I can be reached by phone at: \_\_\_\_\_ between 8:00 AM and 5:00 PM.

Alternative phone number: \_\_\_\_\_

Health Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

I understand the Hood Canal School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.

In the event of illness or accident, I authorize the Hood Canal School District personnel responsible for this activity to approve medical emergency care.

Although I understand that the Hood Canal School District will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the Hood Canal School District, its employees, agents, or volunteer from any liability associated with this activity.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date received by District

\_\_\_\_\_  
Signature