



**Mukilteo School District  
Parent Permission Form  
Summer Athletic Activities Participation**

Parents/Guardians of: \_\_\_\_\_

Date: \_\_\_\_\_

The Mukilteo School District is coordinating the participation of student-athletes in the following voluntary SUMMER activities. Your initial next to any of the following summer activities indicates your permission for your student-athlete to take part.

SCHOOL: \_\_\_\_\_

SPORT: \_\_\_\_\_

PLAYER'S NAME: \_\_\_\_\_

GRADE NEXT YEAR: \_\_\_\_\_

PARENT INTIAL	SUMMER PROGRAM ACTIVITY

**Assumption of Risk and Use of Equipment Release**

As a parent/guardian of the student-athlete who is planning to participate in the summer activities initialed previously, I hereby acknowledge that I have read, understood and agree to the following:

1. I acknowledge that the sport listed above entails many risks of injury, even when played in an instructional/clinical environment. These risks of injury include, but are not limited to, death, serious neck and/or spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtual all internal organs, bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairment to other aspects of the body, general health and well-being.
2. I further certify that my student-athlete has no medical or physical conditions which could interfere with their safety in this activity or else I am willing to assume and bear the costs of all risks that may be created, directly or indirectly, by and such condition.
3. Use of Equipment (Football Only) – I acknowledge my understanding that a district-owned football helmet and/or set of pads may be used during summer activities if it is currently

certified for interscholastic use (meets NOCSAE safety standard), if it has been currently fitted by a district-hired football coach, if it is part of the current helmet inventory for my student-athletes high school, if it is used only by my student-athlete, if it is used solely during designated summer activities, if it is returned directly to the district hired coach after the summer activity and if I agree to pay the replacement cost (current market value) prior to the start of the next fall football season for any lost or damaged equipment.

4. I understand that the most important function of the football helmet is to provide the maximum possible protection for the player's head by dissipating and/or absorbing impacts produced by blows upon the player's helmet. Two things must be noted:
  - a. The full potential of protection offered by the helmet can only be realized if the helmet is properly fitted to the individual player's head.
  - b. There are no football helmets available now nor in the foreseeable future, from any source, which would be 100% safe under all potential conditions that occur in practice and game play.
5. I am fully aware of the special dangers and risks inherent in participating in on or off campus summer activities in the sport listed previously, including physical injury or death. Being fully aware of the risks, I hereby give permission for my student-athlete to participate in the activities initialed on page one (1) of this document and taking place during the summer of 2018.

Parent/Guardian Name: \_\_\_\_\_ Home/cell Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### **Medical Information**

The following special health problems should be noted: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the event of an emergency, the following individual(s) have my permission to be notified in case I cannot be notified.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **Medical Release**

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent/guardian immediately. However, if I am not available, I authorize the Mukilteo School District to secure emergency medical care as needed.

Name of Preferred Doctor: \_\_\_\_\_

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

**Medical Insurance**

I understand that I am assuming financial responsibility for medical expenses that may arise from my child's participation and that the Mukilteo School District requires but does not provide medical insurance for my student-athlete. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: \_\_\_\_\_ Plan Number (required): \_\_\_\_\_

*All student-athletes participating in summer activities are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your high school for more information.*

**Physical**

I certify that my child had an athletic physical conducted by a physician within the last two years from the start of summer activities.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**Transportation**

A district approved Mukilteo School District coach may provide transportation in some instances. However, transportation will not be provided in most instances. Your signature below indicates your agreement to provide and arrange transportation for all summer activities initialed previously. Mukilteo School District coaches, other than those approved to drive, will not be making transportation arrangements.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Name (Please Print)