Edmonds
SCHOOL DISTRICT
Each student learning, every day!

Athletics Department

20420 68th Ave. W., Lynnwood, WA 98036
425-431-7153 Office 425-431-7323 Fax
www.edmonds.wednet.edu

Greg Schwab
Assistant Superintendent of Athletics

Julie Stroncek
Director of Athletics

Serving the communities and students of Brier, Edmonds, Lynnwood, Mountlake Terrace, Woodway, and portions of Snohomish County

TO: Parents/Guardians of: LYNNWOOD HS VOLLEYBALL

FROM: Julie Stroncek, Director of Athletics, Edmonds School District

DATE: April 17th, 2018

SUBJECT: Summer Activities Permission Packet

The Edmonds School District is coordinating participation of team members in the following voluntary activities. Your initial next to any of the following summer activities indicates permission for your child to take part.

LYNNWOOD HS VOLLEYBALL

PLAYER'S NAME

PARENT INITIAL

1. _____ Summer Workouts, LHS, All Levels, May 29th-June 22nd Tues. & Thurs. 2PM-4:30PM

2. _____ Summer Workouts, LHS, All Levels, June 28th-July 27th Mon., Tues: 9AM-11AM & Thurs: 5PM-7PM

3. _____ Friendship Tournament, Kings HS, Varsity, June 9th 8AM-5PM

4. _____

5. _____

6. _____

7. _____

8. _____

9. _____

10. _____

11. _____

12. _____

13. _____

14. _____

Transportation

A district-approved Edmonds 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 or arrange transportation for the activities initialed on the previous page. Edmonds School District coaches, other than those approved to drive, will not be making arrangements.

_____ _____

Signature of Parent/Guardian Date

_____

Student Name - Please Print

ASSUMPTION OF RISK AND USE OF EQUIPMENT RELEASE

As a parent or guardian of a student planning to participate in: **Lynnwood Volleyball**

summer activities initialed on page one of this document, I hereby acknowledge that I have read, understood, and agree to do the following:

1. I acknowledge that the sport listed above entails many risks of injury, even when played in an instructional clinic environment. These risks of injury include, but are not limited to, death, serious neck and spinal injuries (which may result in complete or partial paralysis), brain damage, serious injury to virtually 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 child has no medical or physical conditions which could interfere with his/her 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 any such condition.

Medical Information

The following special health problems should be noted: _____

_____

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

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 Edmonds 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 Edmonds School District requires but does not provide medical insurance for my child. I certify that my child has current medical coverage under the following plan:

Health Insurance Carrier: _____ Plan Number (required): _____

All participants are required to have medical or student accident insurance. Student accident insurance is available through your school. Contact your high school main office for information.

3. Use of Equipment (Football Only) - My signature below indicates 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 standards), if it has been fitted by a district-hired football coach during current year spring football drills, if it is part of the current inventory of my son/daughter's high school, if it is used only by my son/daughter, if it is only used during designated activities, if it is returned directly to a district-hired coach after each 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 damaged equipment.

4. 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 and/or death. Being fully aware of the risks, I hereby give permission for my son/daughter to participate in the activities initialed on page one of this document and taking place during the summer of 2018.

Parent/Guardian Name _____ Home Phone _____

Address _____ Work Phone _____

Parent/Guardian Signature _____ Date _____