

Assumption of Risk/Permission to Participate-PHS Field Trip/Activity Permission Slip



As a parent or guardian of _____ (student at PHS), I give permission for my student to voluntarily participate in a Rooter Bus Trip – Football Season 2019-2020 field trip or activity, I hereby acknowledge that I have read, understood and agreed to the following:

You are giving permission for your student to ride the rooter bus for ONE OR MORE of the dates below:

- | | |
|--|---|
| 9/13/19 - @ Skyline | 11/15-16 – 1 st Round Playoffs |
| 10/3/19 - @ Timberline (South Sound Stadium) | 11/22-23 – Quarter Finals |
| 10/11/19 - @ Central Kitsap | 11/30/19 – Semi Finals |
| 10/31/19 - @ Capital (Ingersoll Stadium) | 12/6/19 – State Championships |
| 11/8-9 – Regional | |

Students spot will be reserved each week by paying \$5 to the athletic office the week of the event. Payment must be received the day before the game by 2:00 PM.

Students will be responsible to listen to announcements and check the website for details regarding departure times.

Transportation for this activity will be provided by:

District Bus/Vehicle

Student's Address: _____ City: _____

Student's Home Phone: _____ Date of Birth: _____

Family Physician: _____ Phone #: _____

Medical conditions, medication information or allergies district should be made aware of:

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

_____ Phone #: _____

I acknowledge that this activity entails known and unanticipated risks which could result in physical or emotional injury, paralysis or death, as well as damage to property, or to third parties. I understand that such risks simply cannot be eliminated without jeopardizing the essential qualities of the activity.			
I certify that my child has no medical or physical conditions which could interfere with his/her safety in this activity.			
I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.			
In the event it becomes necessary for the school district staff-in-charge to obtain emergency care for my student, neither s/he nor the district assumes financial liability for expenses incurred because of the accident, injury, illness and/or unforeseen circumstances.			
_____	_____	_____	_____
Signature of Parent/Guardian	Date	Work Phone	Home Phone