

Lake Chelan School District Club/Activity Registration Form

STUDENT NAME: _____ * GRADE: _____
ADDRESS: _____ CITY: _____
GUARDIAN: _____ TELEPHONE: _____

*Your son/daughter has chosen to participate in a Lake Chelan School District club/activity program. Some club/activity programs are more dangerous than others. Accidents can and do happen, and risks of serious injury do exist. Your student must obey all safety instructions and procedures provided by the advisor.

Your signature indicates that you have been advised of this information and agree to indemnify, hold harmless and defend the Lake Chelan School District, coaches and volunteers for any and all injuries, claims or damages which may arise from participation in activity named below.

I hereby grant permission for my student to participate in _____
for the 20__/20__ school year. (Name of club/activities)

(Date) (Signature of Parent or Guardian) (Date) (Signature of Participating Student)

INSURANCE INFORMATION: _____ School District does not provide accident medical insurance for the participants of clubs/ activities. School board policy requires participants to have medical insurance coverage. The following information must be on file with the school district prior to any student participation in a club/activity program.

_____ is covered by _____, Policy # _____.
(Student's name) (Name of insurance company)

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT:

As parent or legal guardian of _____, a minor, I hereby authorize the Lake Chelan School District club/activity advisor or their designee to seek a qualified physician to examine the above named student and in the event of injury to administer emergency care and to arrange for any consultation by a specialist including a surgeon, he deems necessary to insure proper care of any injury. Every effort will be made to contact the parent or guardian to explain the nature of the problem prior to any involved treatment.

I understand the Lake Chelan School District, its employees and its Board assume no liability of any nature in relationship to transportation or treatment of the said minor including but not limited to paramedic transportation, hospitalization, examination, x-ray or treatment.

Family Doctor's Name: _____ Doctor's Telephone Number: _____
Parent/Guardian Home Telephone Number: _____
Parent/Guardian Emergency Telephone Number: _____
Emergency Contact and Telephone Number: _____

Any Medications Currently Being Taken by Student: _____ Any Allergies: _____

Parent/Guardian Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Date Received by School: _____ School Personnel Receiving Form: _____