Parent Permission/Waiver for Off-Season Weights & Conditioning Program

I hereby give permission for my child (“student”) to participate in the Raytown School District’s (“District’s”) Off-Season Weights & Conditioning program (“program”). I agree that student will abide by the rules and regulations of the District, including all applicable Board of Education policies, for participation in and use of District facilities for this program. I understand that student’s failure to abide by the rules and regulations may result in his/her exclusion from participation in the program.

I further acknowledge that participation in the program involves an inherent risk of physical injury, and hereby assume all such risks. I further acknowledge and understand that student will be participating in strenuous and physical activities involving: running, aerobic activities, and other related conditioning drills. I hereby represent that my child is physically able to participate in the program and that I have disclosed all relevant medical conditions allergies, medications, and/or other health concerns for student in the accompanying Enrollment Questionnaire. In the event there are any changes to student’s medical conditions, allergies, medications, and/or other health concerns between the completion of the Questionnaire and the conclusion of the program, I hereby agree to immediately provide notification of such changes to the District and accept full responsibility for failure to do the same.

For the sole consideration of allowing student to participate in the program, I do hereby individually and on behalf of student release and forever discharge the program and the District, their members individually, and officers, agents, employees, staff, and program coaches, from any and all claims, demands, rights and causes of action of whatever kind or nature, including any and all bodily or personal injuries resulting due to the negligence or fault of the entities and/or personnel identified herein, as well as all consequences thereof, resulting from any manner of participation in, and/or travel to or from, the program. I understand and acknowledge that the District assumes no liability for lost, misplaced, stolen, and/or damaged property and hereby agree to release the District from any such liability.

I further acknowledge that, in case of emergency I am solely responsible for all medical and other costs arising out of bodily injury or any loss sustained through participation in this program. I authorize the District’s program staff to secure any licensed hospital, physician and/or medical personnel to provide any treatment deemed necessary for student’s immediate care.

**Photo Consent:** I hereby give permission for images of student, captured during regular program activities through video, photo, and digital camera to be used solely for the purposes of the District in its promotional materials and publications, including its website, and hereby waive any rights to compensation or ownership thereto.

___ Yes ___ No  ____________ Initials

**Transportation Consent:** I hereby give permission for student to be transported, as necessary for participation in the District’s program, during the program. Transportation to and from these activities will be provided via school bus or van, which will be under the supervision of at least two (2) program staff members.

___ Yes ___ No  ____________ Initials
**Snack Consent:** I hereby acknowledge my understanding that the District and/or parents to other students in the program will providing food snacks to program participants, and I do further hereby consent to allowing my student to partake of such snacks having disclosed all known food allergies of student in the accompanying Enrollment Questionnaire.

__ Yes ___ No ________________ Initials

**Discipline Policy:** I understand and acknowledge that student is required to behave appropriately and in accordance with the rules and regulations of the program, including all applicable District Board of Education policies. In the event that discipline is warranted due to the actions of student, the following steps will be taken:

- First incident – student removed from the other campers, explanation provided by program staff member as to why the behavior is inappropriate, and a verbal warning provided to student.

- Second incident – program staff will determine an appropriate consequence, which may include removal from the activity or time-out. Parent(s) will be notified.

- Third incident – student will be removed from the program.

However, in any incident involving serious misconduct, the parent/guardian will be required to pick up student and appropriate disciplinary action will be determined by program staff.

__ Yes ___ No ________________ Initials

I understand that the acceptance of this waiver by the District shall not constitute a waiver in whole or in part of the sovereign immunity or official immunity of the District, its Board, members, officers, agents and employees.

I have read the above carefully before signing and fully understand the above Parent Permission/Waiver for Off-Season Weights & Conditioning program participation.

_________________________  ________________
Parent                     Date
Enrollment Questionnaire

Student’s name __________________________  DOB ____________  Gender ____  Grade ___________
Address ______________________________   City _________________ State _____ Zip _____________
Parent/Guardian________________________  Daytime Phone _________ Home Phone ______________
Emergency Contact (other than parent) _________________________ Relationship __________________
Daytime Phone ______________________  Evening Phone __________________

Medical Information

List all medical conditions:*  ___________________________________________________________
List all allergies/other health concerns:*  Drug___________________  Insect/Plant _________________
Food _________________________________  Diet Restrictions ________________________________
List medications student may require while at sports camp and the reason for taking the medication:*
________________________________________________________________________________________

Any other additional medical or health-related concerns/issues that the District’s program staff should be aware of regarding your student?
________________________________________________________________________________________

*If additional space is needed to complete this portion of the questionnaire, please provide the blank white space on this page and/or attached additional pages as necessary.