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Prosser High School Tennis Camp

Camp Dates: July 6th -8th 2017

Camp Times: 6th -7th 5:00pm-7:00pm

Saturday July 8th 1pm-Done

Match Day: Saturday July 8th

Location: Prosser High School Tennis Courts

Cost: \$20.00 a child (ages 1st-8th grade)

Contact: Arturo Aguayo 509-778-1244

Ruben Morales 509-840-2144

To Register: Please fill out form and turn in to Prosser High School

Childs Name: _____ Grade: _____

Parent Name: _____ Parent Phone: _____

The Prosser School district will not be responsible for damaged, lost, or stolen personal articles brought to these sessions, The Prosser School District will not assume responsibility for accidents (medical or dental) or any other expenses incurred as a result of attendance at these sessions. Parents are required to ensure that their children have proper insurance protection. Fees should be paid at the time of application.

Insurance Company: _____ Policy Number: _____

Signature (parent/ guardian): _____ Date: _____

PROSSER SCHOOL DISTRICT

STUDENT – PARENT/GUARDIAN WARNING AND ASSUMPTION OF RISK

FOR TENNIS MINI CAMP

It is the school district’s intent to provide any athlete with good instruction, safe equipment and safe transportation; but we cannot eliminate all risks involved in sports participation. **Accidental injury, completely unrelated to any preventable cause, is always possible.**

This **assumption of risk** form is designed to provide the school with a degree of protection. It is not designed to deny the rights of any injured athlete. **Our school district provides WIAA catastrophic medical insurance coverage to participating students.** Participation in WIAA sponsored interscholastic activities are all voluntary and extra-curricular. As a condition to participation in these activities, you and your parent(s)/guardian(s) must understand the risks involved in these kinds of activities.

*****WARNING*****

Participation in any athletic activity may involve injury of some type to either yourself or fellow student athlete. Such injury can include direct physical and possibly crippling injury to one’s body and the possibility of emotional injury experienced as a result of witnessing or actually inflicting injury to another. The severity of such injury can range from minor to catastrophic injury such as complete paralysis or even one’s future ability to earn a living, to engage in other business, social and recreational activities, and generally enjoy life.

Activity injuries can result from the correct or incorrect performance of playing techniques used in tryouts, practices, warm-ups, games, drills, exercises and other similar undertakings. Injury can also result from failing to follow game, training, safety or other team rules. Injury can result from the use of transportation provided or arranged by the school district to and from interscholastic activity.

Therefore, the purpose of this **warning** is to aid you in making an informed decision as to whether you/your child or ward should participate in these activities. In addition, it’s purpose is to make you aware that a student participant, or as a parent or guardian of a student participant, it is your responsibility to learn about and/or inquire of coaches, physicians, advisors or other knowledgeable persons about **any** concerns that you might have **at any time** regarding participant’s safety.

In consideration of the Prosser School District permitting _____ to participate in interscholastic activities and to engage in all areas of these activities, I, the participant, and we the parent(s)-guardian(s), hereby agree to **assume the risks of injury or death** associated with the school district’s interscholastic program as outlined in the **warning** above.

I have read the eligibility requirements for athletic participation as stated in the Athletic Information Book, by signing this document, we acknowledge that we have read and understand its contents and warning related to the above stated risks and give our permission for _____ to participate in interscholastic activities directed by the Prosser School District during the **2016-2017** school year. **Tennis Mini Camp**

____/____/____ _____ ____/____/____ _____
Date Student’s Signature Date Parent/Guardian Signature

I HAVE READ AND UNDERSTAND THE ATHLETIC CODE.

____/____/____ _____ ____/____/____ _____
Date Student’s Signature Date Parent/Guardian Signature

-----**FOR OFFICE USE ONLY**-----

ASB CARD TRAVEL CARD INSURANCE: WAIVED SCHOOL CLEARANCE SLIP