Wenatchee School District
Athletic Camp Clearance

Return this form to WHS Athletic Office (1101 Millerdale, Wenatchee WA 98801)
C/o Steve Klock
W/ Check to Booster Club for $35.00

To be filled out by all students not entering Wenatchee High School in the fall.

WSD Activity: Middle School Football Camp – June 18-19-20-21

Participant Name: _____ Phone: _____

Address: _____ Grade Entering: _____

City: _____ School Attending: _____

Date of Birth: _____ Shirt Size: (Y or Adult) _____

Emergency Contacts:
1.Name: _____ Relation: _____ Phone: _____
2.Name: _____ Relation: _____ Phone: _____

Medical Insurance Co: _____ Policy #: _____

☐ My son/daughter is in good physical condition and is cleared to participate in this activity.

Medical/physical information we should be aware of: _____

_____

☐ I give permission for my son/daughter to participate in the WSD sponsored camp and hold harmless the WSD and any representative thereof from any and all liability that my arise from my son/daughters participation in this activity.

☐ I understand that injuries can occur during participation in this activity. I recognize that conditioning, nutrition, proper technique, safety procedures and well-fitting equipment are important aspects of this training program.

☐ I authorize the staff of this WSD activity to obtain medical care if necessary and acknowledge that I am responsible for any and all medical expenses due to an injury or illness that occurs while at camp.

Parent Name: _____ Date: _____

Parent Signature: _____

Athletic Department / Coach use Only

Date Received:
Date expired:

Payment Received (if applicable):
Copy to Coach: