



STANWOOD HIGH SCHOOL

Christine Del Pozo, Principal
Carolyn Coombs, Assistant Principal/Activities Director
Tom Wilfong, Assistant Principal/Athletic Director
Ross Short, Career/Tech Ed Director
Zach Ward, Dean of Students

SHS ALL-SPORTS CLINIC INFORMATION

National Girls & Women in Sports Day

1:45 – 2:15	Registration/Welcome	SHS Commons
2:15 – 2:35	Mindset Training/Group Warmup	
2:40 – 3:00	Sport Stations 1	
3:05 – 3:25	Sport Stations 2	
3:30 – 3:50	Sport Stations 3	
3:55 – 4:15	Sport Stations 4	
4:15 – 4:30	Wrap Up	SHS Commons

ATHLETICS	Tom Wilfong	Athletic Director	(360) 629-1322
	Lauren Amundson	Athletic Secretary	lamundson@stanwood.wednet.edu

INHERENT RISK

This clinic involves physical activities that have certain inherent risks including but not limited to risks associated with slips, trips, and falls, concussion/head injury, sudden cardiac arrest, equipment failure, dehydration, sprains, fractures, contusions, and abrasions. The following Sport Stations will be offered at our January 30th clinic: Cross Country, Soccer, Tennis, Track & Field, and Volleyball. Please visit our website, or request copies, to read the following information:

1. Concussion Information Sheet
2. Sudden Cardiac Arrest Information Sheet
3. Sport Specific Inherent Risk Information

WHAT TO WEAR/BRING

1. Signed Consent Form
2. Comfortable, Athletic Clothing
3. Athletic Shoes (non-marking sole)
4. Water Bottle
5. A Positive Attitude!

PARENT/GUARDIAN CONSENT AND AGREEMENT

Participant Name:

Signature of Parent/Guardian:

Date: _____

CONSENT AND AGREEMENT TO PARTICIPATE

ACKNOWLEDGEMENT AND ASSUMPTION OF RISK:

I understand that the above-named student's participation in the clinic and activities described is voluntary and not required. I have read and understand the description of the event including the description of activities and potential risks associated with this clinic. I understand that such risks cannot be eliminated without jeopardizing the essential qualities of the activity.

I acknowledge that there are inherent risks associated with participation in the clinic and activities, including risks that are unknown, foreseen, and unforeseeable. I acknowledge that the clinic involves risks associated with any travel, events, activities, and other potential risks identified in this consent and authorization form and any attachments. I acknowledge that this clinic and activities includes risks that could result in personal injury, physical injury, emotional injury, paralysis, death, damage to property, and/or damage to third parties.

Parent or Guardian Initials: _____

MEDICAL AUTHORIZATION:

I certify that the above-named student has no medical and or physical conditions that could interfere with his/her safety in participating in this clinic. I certify that I have disclosed any pertinent health concerns, medical information, or allergy information.

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 the above-named student, neither the school district nor the staff-in-charge assumes financial liability for expenses incurred, including medical expenses, because of the accident, injury, illness and/or unforeseen circumstances.

Parent or Guardian Initials: _____

CONSENT, AGREEMENT, AND AUTHORIZATION TO PARTICIPATE:

I certify that I am the parent and/or legal guardian of the above-named student, that I have read and understand the Agreement and Authorization (including any clinic information and any related attachments, acknowledgement and assumption of risk, and medical authorization), that I accept and agree to be bound by the terms and conditions of the above Agreement, and that I hereby give permission for my child to participate in all aspects of this clinic.

Parent or Guardian Initials: _____