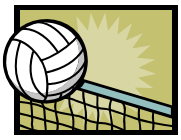
SPORTS SPECIFIC SAFETY GUIDELINES AND CONSENT



VOLLEYBALL

North Kitsap School District strives to protect each student from possible injury while engaging in school activities. The guidelines and information identified below have been established for this activity in order to protect the student and others from injury and/or illness. Participants and their parents should recognize that conditioning, nutrition, proper techniques, safety procedures, and well-fitting equipment are important aspects of this training program. Each participant is expected to follow the directions/standards of the coach and must understand that failure to follow such directions or adhere to standards may place the participant at risk.

Travel to and from off-campus facilities shall be in accordance with the directions of the activity coach.

Guidelines are as follows:

1. Make certain that you wear all equipment that is issued by the coach. Advise the coach of any poorly-fitted or defective equipment.
2. Advise the coach if you are ill or have any prolonged symptom of illness.
3. Advise the coach if you have been injured.
4. Engage in warm-up activities prior to strenuous participation.
5. Be alert for any physical hazards or hazards in the locker room or in or around the participation area. Advise coach of any hazard or concern.
6. Be aware of court surroundings, i.e., obstacles, projections, bleachers, standards, etc.

The above information has been explained to me and I understand the list of rules and procedures. I also understand the necessity of using the proper techniques while participating in the volleyball program.

I am aware that Volleyball is a high-risk sport and that practicing or competing in Volleyball will be a dangerous and unpredictable activity involving ***MANY RISKS OF INJURY***. I understand that the dangers and risks of practicing and competing in Volleyball include, but are not limited to, death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, blindness, serious injury to virtually all internal organs, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of my body, general health and well-being. I understand that the dangers and risks of practicing or competing in Volleyball may result not only in serious injury, but in a serious impairment of my future abilities to earn a living, to engage in other business, social and recreational activities and generally to enjoy life.

We agree that neither the school district, nor the staff of the school district, nor the student organization of the school district shall in any way be held liable for any accident or injury in anyway received on account of or while engaged in any athletic activity sponsored by the district. We further agree that neither the district nor any of their staff or student organizations shall be responsible for the payment of any bills rendered for medical services as a result of such accidents or injuries.. We also acknowledge that it is our responsibility to provide for any medical, disability or other insurance to mitigate any costs that may be unfortunately incurred as a result of participation in this activity.

By signing below, I certify that I have read the above, understand its content, and agree to its terms.

_____/_____ _____

Print Athlete's Name | Athlete's Signature | Date

_____ _____

Parent's/Guardian's Signature | Date