



WATERFORD UNION HIGH SCHOOL

Club/Activities Permission Slip 2018-2019

Check ALL Club and Activities you plan to participate in at WUHS:

- | | | | | |
|--|--|---------------------------------------|--|---|
| <input type="checkbox"/> AFS | <input type="checkbox"/> Art Club | <input type="checkbox"/> Best Buddies | <input type="checkbox"/> CHASE | <input type="checkbox"/> Diversity |
| <input type="checkbox"/> Drama/Theater Guild | <input type="checkbox"/> E-Sports Club | <input type="checkbox"/> FFA | <input type="checkbox"/> Forensics | <input type="checkbox"/> French Honors Club |
| <input type="checkbox"/> Library Club | <input type="checkbox"/> Madrigals | <input type="checkbox"/> Mock Trial | <input type="checkbox"/> Model UN | <input type="checkbox"/> Musical |
| <input type="checkbox"/> NHS | <input type="checkbox"/> Robotics | <input type="checkbox"/> Skills USA | <input type="checkbox"/> Spanish Club | <input type="checkbox"/> Student Council |
| <input type="checkbox"/> Tri-M | <input type="checkbox"/> Wally Club | <input type="checkbox"/> Wolv-Tech | <input type="checkbox"/> Class Officer | |

EMERGENCY MEDICAL INFORMATION

PRINT--CLEARLY

Parent/Legal Guardian's Full Name(s) _____

Home # _____ Family Physician _____ Family Dentist _____

Dad Cell # _____ Mom Cell # _____

Dad Place of Employment/Work # _____

Mom Place of Employment/Work # _____

Alternate Emergency Contact _____

Home # _____ Cell # _____ Work # _____

REQUIRED

Insurance Company _____

Insurance Group #, ID #, or Med Asst.#: _____

Other medical information (allergies, medications, etc.) _____

- I hereby give my permission for the above named student to practice, compete, and represent the school in WUHS approved clubs/activities.
- I attest to the fact that the named athlete has not been hospitalized or suffered any serious illness or injury since his/her last physical examination.
- I hereby authorize the employed or contracted staff of Waterford High School to provide medical services to my son/daughter if needed.
- In case my child requires medical treatment or transportation to a medical facility and a parent/guardian is not available for consultation, I give the advisors or contracted staff of the WUHS permission to determine the most appropriate method.
- Furthermore, if unable to be contacted, I authorize school personnel or PHYSICIAN(S) and HOSPITAL STAFF to treat our son/daughter as they deem necessary in any non-life threatening emergency situation.
- I fully realize that the school does **not** provide insurance coverage and that there is potential for an inherent risk of injury by participating.
- Pursuant to the requirements of the Health Insurance Portability and Accountability Act of 1996 and the regulations promulgated thereunder (collectively known as "HIPAA"), I authorize health care providers of the student named above, including emergency medical personnel and other similarly trained professionals that may be attending an interscholastic event or practice, to disclose/exchange essential medical information regarding the injury and treatment of this student to appropriate school district personnel such as but not limited to: Principal, Athletic Director/ Activities Coordinator, Athletic Trainer, Team Physician, Advisor, Administrative Assistant to the Athletic Director, Health Technician, and/or other professional health care providers, for purposes of treatment, emergency care and injury record-keeping.
- To the fullest extent permitted by law, I do hereby indemnify and hold harmless the staff of the Waterford High School, entities, and other persons who act in reliance upon this authorization.

CO-CURRICULAR CODE

I/We have reviewed the WUHS Co-Curricular CODE and all expectations of the above clubs I plan to be a part of. I understand what is expected and am aware of changes that may have been made for the above school year. I give permission for the student named to participate in co-curricular activities at Waterford High School. I/We accept and agree to support, notify any known violations and follow all provisions as outlined, and to pay for any team clothing or equipment that is lost or damaged.

Student's Signature* _____ **Date:** _____

Parent/Legal Guardian's Signature* _____ **Date:** _____

**Signatures indicate agreement to code and verification that all information provided is true and accurate. We further acknowledge that by providing permission to my/our student to participate in the above referenced extracurricular activity that the school may take photographs and other reproductions of the activity and may use those reproductions in school newsletters, promotional materials, on its website, or may otherwise disseminate said photographs including identification of the student depicted. This authorization is provided notwithstanding any opt-out election made with respect to student directory data.*

Student's Name _____
 (PRINT--CLEARLY)
 Primary Residence Address _____
 Primary Residence Address (Street Address, City, and Zip Code) = Parent/Legal Guardian's voter registration, tax district, or driver license
 Last _____
 First _____
 MI _____
 Gender _____
 Birthdate _____
 Grade _____

OFFICE USE ONLY

Fee: \$15: _____ ck# _____

Transportation Fee (FFA, Forensics) \$5: _____ ck# _____