



EAU CLAIRE
AREA SCHOOL DISTRICT

500 Main Street
Eau Claire, WI 54701-3770
(715) 852-3000 - Fax (715) 852-3004

Student's Name: _____ Gender: _____ Grade: _____
Last First MI

EMERGENCY MEDICAL INFORMATION

Student Cell #: _____

Adult/Legal Guardian's Full Name(s): _____

Cell #: _____ Home #: _____ Work #: _____

Adult/Legal Guardian Email: _____

Alternate Emergency Contact Name: _____ Relationship: _____

Cell #: _____ Home #: _____ Work #: _____

Preferred Emergency Facility: _____

Medical Information (allergies, medications, etc.): _____

BY SIGNING THIS PERMISSION SLIP, YOU ARE AGREEING TO THE ITEMS BELOW:

- ✓ I authorize SCHOOL PERSONNEL to transport my child to a physician's office and/or emergency room for treatment in the event that emergency medical care is needed. Further, I authorize the PHYSICIAN(S) and HOSPITAL STAFF to treat my child as they deem necessary in any non-life-threatening emergency situation.
- ✓ I attest to the fact that the named student/athlete has not been hospitalized or suffered any serious illness or injury since their last physical examination. Comments: _____
- ✓ I fully realize that the school does not provide insurance coverage and that there is an inherent risk of injury by participating in the above activities. *(Please ask if you are in need of insurance, we have help available)*

CODE OF CONDUCT

- ✓ We have reviewed the Recreational Activities expectations. I give permission for the student named to participate and represent the school in afterschool activities. I/We accept and agree to support and follow all provisions as outlined and to pay for any equipment that is lost or damaged.
- ✓ Adult Initials: _____ Student Initials: _____

Student's Signature*: _____

Adult/Legal Guardian's Signature*: _____

**Signatures indicate agreement to document and verification that information provided is true & accurate.*



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WAIVER AND RELEASE OF CLAIMS

By signing below, the undersigned expressly agrees and understands that _____ is participating in the ECASD activities at their own risk. The undersigned recognizes that all recreational activities have a certain degree of risk. The undersigned also understand these risks may include injuries ranging from minor sprains and contusions, to major injury, possible paralysis or even death. The undersigned understands the possibility of serious injury may impair his/her future abilities to earn a living; to engage in other business, social, and recreational activities; and to enjoy life generally. Having read and understood the above warning, the undersigned recognizes the importance of following instructions regarding techniques, training and other rules, and the undersigned agrees to obey such instructions.

The undersigned further agrees to hold the School District of Eau Claire, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of the undersigned’s participation in such activities and use of the recreational facilities and equipment. Further, the undersigned agrees to indemnify any of the aforementioned persons and/or entities to the extent of any damage claims, including attorney fees, which arise or may arise out of the undersigned’s participation in such activities and use of the recreational facilities and equipment.

I hereby certify that I have read the above provisions and agree to abide by the terms of this Agreement.

Signature of Adult/Legal Guardian:

* _____
Signature Date Print Name

Having read the above warning and having understood the dangers and potential risks involved in participating in the foregoing recreational activities, I give my consent as the parent/legal guardian of _____ to participate in the above-mentioned recreational activities. I understand that since the School District of Eau Claire does not carry recreational activities insurance, I agree to assume all medical costs incurred should injury result from participation in these activities. I hereby agree to hold the School District of Eau Claire, its employees and agents and any and all persons or entities holding thereunder, including any and all policies of insurance, harmless from any and all claims, suits, obligations or other liabilities which arise or may arise out of my child’s participation in such activities and use of the recreational facilities and equipment. The terms hereof shall serve as a release for my heirs, estate, executor, and all members of my family.

Signature of Adult/Legal Guardian:

* _____
Signature Date Print Name

**Signature indicates that you understand the potential risks & abide by the guidelines.*

ECASD Student Expectations

Student Expectations: 3-4:30

- 1- **Be prepared:** -have mask, proper shoes, and school appropriate clothing for indoor/outdoor activities; bring own water bottle and healthy snack – **Locker and bathrooms will NOT be available to change.**
- 2- **Time: Report** to your designated area **by 3:00** – use appropriate school guidelines for movement through building and designated hallways. No roaming the building or going to locker room area.
- 3- **Respect in actions and words** toward self, others, environment–wear mask, follow social distance guidelines, keep hands/feet to self, etc.
- 4- **Positive Attitude:** push yourself to be better than you were the day before & encourage others; use positive language and attitude with your supervisor and others in your group.
- 5- **Responsible:** follows school guidelines for safety and distancing: have appropriate mask/shoes/clothing for your activity needs; be where you are supposed to be at all times.
- 6- **Rides:** be sure to have ride secured on time for after activity at 4:30 at Door 1; if walking, leave at 4:30 – do not linger around at school.

ADULT EXPECTATIONS:

- Be sure your student has ALL paperwork turned in to school BEFORE 1st day of activity.
- Pick-up student from activity at 4:30. Please let supervisor know via email if student will be absent.

ACCOUNTABILITY:

- Supervisors will go over expectations with the participants & reminders given for behaviors & rules of activity.
- Be respectful in actions and words toward supervisor and other students.
- Report directly to the activity at 3. Please email the Supervisor if not able to attend.**
- A student may be asked to sit out of an activity or be sent home from an activity if they have unbecoming behavior of an ECASD student. Students sent home more than once due to their behavior will be asked to meet with the athletic/activity director or TOSA to resolve issues or may be excused from the activity.
- Students must follow the ECASD safety & social distancing guidelines as they do during the school day.**
- Have fun – enjoy the experience. Be a team player – encourage each other to learn more and do better.
- No drug, alcohol, tobacco, or inappropriate internet usage will be tolerated.
- No phones/electronics at the activities – have them in your backpack and not open to others.**
- Be at Door 1 or outside Door 1 when waiting for a ride. Hallways are not to be used.

I have read the expectations for participation and agree to follow ECASD expectations for behavior, safety, and social distancing. I understand if I do not follow the expectations, I may be removed from the activity.

*Student's Signature: _____

*Adult/Legal Guardian's Signature: _____

**Signatures indicate you have read and understand the expectations.*