

WEARE MIDDLE SCHOOL



Phil Matzke
Dean of Teaching & Learning
phil.matzke@sau24.org

Mark Willis
Principal
mark.willis@sau24.org

Scott Daniels
Director of Special Education
scott.daniels@sau24.org

WMS Athletics Permission Slip

I/We give consent for _____ to participate on the
_____ team in interscholastic athletics on the following conditions:

My /our student has an up-to-date immunization and physical form on file with the Nurse's office. **Necessary *prior* to try out dates.**

I/We understand that neither the School District nor the Department of Athletics assumes any financial responsibility in case of injury to my/our son or daughter.

I/We understand that a school medical insurance plan is available and that it is recommended that the student enroll in the school medical insurance plan or obtain some other form of medical insurance coverage.

I/We understand that in the case of injury, the student should report to the coach or school nurse immediately.

I/We understand that payment for medical treatments will be handled in one of the following ways and in the following priority: Parent/guardian's health insurance, other insurance carried through the school, and personal payments by the parent or guardian.

I/We understand that my son or daughter is responsible for, and must return any uniform or equipment used or make financial restitution for the same.

Date: _____ Parent/Guardian Signature: _____