

# WHITE RIVER SCHOOL DISTRICT

## SPORTS SAFETY FORM

School Year: \_\_\_\_\_

**BOWLING**

Office Use Only	
ASB _____	USER _____
Phys Exp _____	

Name:		Grade:	Gender:	Age:	Date of Birth:
Residence (Home Address):				Home Phone:	
Person to call if injured:		Phone:		Alternate Person to call if injured:	
				Phone:	
Physician Name:		Address:			Phone:
Medication in Use:			Medication Allergies:		
Health conditions coaches should be aware of: _____ is this condition life threatening? <input type="checkbox"/> Yes <input type="checkbox"/> No					
School Insurance:		Private Insurance Co:			
Yes: _____ No: _____					
<b>PERMISSION FOR MEDICAL TREATMENT</b>					
In the event of an emergency requiring medical attention, we hereby grant permission to a physician or other hospital personnel designated by the White River School District's coaching staff to attend our son/daughter. Every effort will be made to contact parent/guardian/emergency contact in order to receive specific authorization before any treatment or hospitalization is undertaken.					
Parent Signature: _____			Date: _____		

This school strives to protect each student from possible injury while engaging in school activities. The guidelines and/or practices 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 conditioning, nutrition, proper technique, safety procedures, and proper-fitting equipment are important aspects of this training program. Each participant is expected to follow directions/standards of the coach.

1. Proper warm-up is essential before strenuous activity takes place.
2. Clothing and shoes should fit properly, be comfortable and allow maximum physical effort and allow dissipation of heat.
3. Perform only those skills and techniques as instructed and/or supervised by your coach.
4. Travel to and from off-campus facilities and practice/competition sites must be in accordance with school procedures.
5. Advise the coach if you are ill or have any prolonged symptoms of illness.
6. Notify the coach immediately if injured.
7. Be alert for any physical hazards in the bowling alley and advise the coach if any hazards are found.
8. Before throwing the ball, make certain the area around you is clear of others.
9. Be aware of the danger of standing in front or on the side of a person who is attempting to throw the ball as one may be injured by the ball.
10. Be aware at all times of other player's positions or bowling lane personnel on the alley where you are bowling.
11. Use caution around the ball return area.
12. If you wear eyeglasses, contact the coach for proper fitting of safety lenses, appropriate frames that are compatible with bowling. If you have a bi or tri-focal lens, contact your doctor to provide the best len(s) combination for playing on surfaces where focusing at different distances in rapid succession is important.

I, \_\_\_\_\_, am the parent/legal guardian of \_\_\_\_\_ (student). I have read the above warning and release, and understand its terms. We agree to hold harmless the White River School District, its employees, agents, representatives, coaches and volunteers from any and all liabilities, actions, causes of action, debts, claims or demands of every kind and nature whatsoever which may arise from such risks. The terms hereof shall serve as a release for my heirs, estate, executor, administrator, assignees, and for all members of my family.

\_\_\_\_\_  
Student/Athlete's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date