

# **SOCCER CLINIC**

**WEDNESDAY MAY 3, 2017**

**2-4PM**

**(EARLY RELEASE)**

**HOMER HIGH TURF**

**\$20/CHILD**

**SNACK PROVIDED**

**GRADES K-6 WELCOME**

**ALL PROCEEDS GO TO:**

**HOMER MARINERS BOYS AND GIRLS SOCCER**

**PERMISSION FORMS ATTACHED; if your child will be bussed to HHS a note must be sent into their school**



**STUDENT INDEMNIFICATION STATEMENT (Waiver of Liability)  
STUDENT CONSENT FOR MEDICAL TREATMENT  
STUDENT CONSENT TO PARTICIPATE \***

Student Name:	_____	School:	_____Homer High School_____
Activity (if for sport season name sport):	_____Early Release Day Activity_____	Activity:	_____Soccer Clinic K-6_____
Date(s) of trip:	_____May 3, 2017 2:00-4:00 pm_____	Cost:	_____ \$20 _____

To the maximum extent allowed by law, I agree to hold harmless the Kenai Peninsula Borough and School District and its employees, directors, and designees (hereafter "District") for expenses relating to injuries (up to and including death), accidents, diseases, property damage, and/or property loss which may occur as a result of the student's participation in the above named activity on the above named field trip except to the extent such injuries are directly caused by the reckless or intentional actions of the District.

I understand that the District provides limited secondary student accident insurance coverage for travel within the US and Canada (only when the student is immediately and directly supervised) and no liability insurance that would cover a student's actions. It will be my responsibility to provide for payment of such expenses beyond the secondary limited accident insurance, should they occur. Due to the fact that the secondary coverage provided by the District is not effective outside of the US and Canada, parents of students going on these trips outside the US will be required to provide proof of insurance. I am aware of the hazards associated with the transportation to and from, as well as participation in, this activity. I give my permission for the above listed student to be transported by school personnel or their designees and to participate in the above listed activity.

I understand that all District and school rules and regulations will apply while the above named student is on a school-sponsored field trip. Violations of a serious nature will result in the student being sent home immediately at my expenses. School discipline will result for infractions of school rules while the student is on a school-sponsored trip.

I understand this waiver is voluntary, and I fully understand the potential risks.

I also authorize any necessary emergency medical treatment to be administered to the above named student. Allergies and/or special medical instructions for the student are attached.

Additional information is available through Jessi Felice ( [jfelice@kpbsd.k12.ak.us](mailto:jfelice@kpbsd.k12.ak.us) ) or the HHS office at 235-4600. Please have child bring permission slip with them to the clinic.

_____	_____	_____	_____
Parent/Guardian Printed Name	Parent/Guardian Signature	Parent Phone Number	Date

_____	_____	_____
Emergency Contact Name	Emergency Phone Number	Home Phone Number

**If your child will be riding the bus to HHS please send a note into their elementary office.**