

Elementary Cross Country Coach's Emergency Sheet

Name of Student _____ Grade _____ Date _____
(please print)

I approve of my child's participation in Spokane Public Schools' athletic program, and I will assume all financial responsibilities not covered by my child's insurance for injuries received while he or she is training for or playing in athletic games. I give my son or daughter permission to travel as a member of the team(s) of which he/she is a member. I give my permission for emergency treatment of an injury by any physician designated by a school official.

PLEASE PRINT

Parent/Guardian Name _____

Home Phone _____

Work Phone _____

Cell Phone _____

Child's

Physician _____

Physician's Phone _____

Emergency Contact _____

Emergency Phone _____

Relation to Student _____

Alternative emergency contact: _____ Phone _____

Health Information:

My child has a Health Care Plan on file with School District

No _____ Yes _____



Spokane Schools Elementary Athletics – Health Information Sheet

Student Name _____

School _____

Please circle Yes/No for each and if Yes please indicate additional details:

Yes/No Heart Condition

If Yes, Describe condition with particularity, including any medications or other instructions:

Yes/No Diabetes

If Yes, Describe condition with particularity, including any medications or other instructions:

Yes/No Allergy

If Yes: specify below whether food, bee sting, etc.

Describe condition with particularity, including any medications or other instructions:

Yes/No Asthma*

If Yes, Describe condition with particularity, including any medications or other instructions:

Yes/No Other*

If Yes, Describe condition with particularity, including any medications or other instructions:

Yes/No My child has a Health Care Plan on file with School District*

If Yes, Describe general details

**Coaches and schools will monitor Air Quality in cases of AQI rising above 100. At 100, students who have an indicated breathing conditions on their school health plan need to have a physician's release to participate.*



COVID Disclosure and Release Activity Participation Form Addendum

COVID DISCLOSURE AND RELEASE - ACTIVITY PARTICIPATION FORM ADDENDUM DURING COVID-19 PANDEMIC

Student Name: _____ School: _____ Grade: _____

Parent/Guardian Name(s): _____ Parent Phone Number: _____

Activity/Sport//Event/Field Trip: ELEMENTARY CROSS COUNTRY

COVID-19 NOTICE FROM SPOKANE PUBLIC SCHOOLS ("DISTRICT")

The novel coronavirus ("COVID-19") pandemic presents a new disease with the state of scientific and medical knowledge regarding COVID-19 being limited and constantly evolving. There remain unknowns regarding how the disease is spread and contracted and there is currently no known treatment or cure. COVID-19 is reported to be highly contagious and spread easily from person to person. COVID-19 may result in serious illness, debilitating injury, or death. Older adults and people of any age, including children, who have serious underlying medical conditions might be at higher risk for severe illness or death from COVID-19.

The District has taken significant measures to reduce the spread of COVID-19. However, notwithstanding these efforts, it is simply not possible to guarantee that COVID-19 is not present, nor to prevent you or your child from becoming exposed to, contracting, or spreading COVID-19. By entering District premises, attending school in-person, attending or participating in District activities in-person, and/or attending or participating in ELEMENTARY CROSS COUNTRY [this Activity/Sport//Event/Field Trip], you and your child are exposed to the risk of contracting or spreading COVID-19. By participating in certain activities associated with greater rates of disease transmission, you and your child are exposed to a high risk of contracting or spreading COVID-19. Activities that may pose a high risk for COVID-19 include, without limitation: group transportation, singing, choir, exercise, athletics, any activity where people are closer than 6 feet apart, any large gathering of people indoors, and this Activity.

Additionally, students who have had the COVID-19 virus in the past, or who live in a household where there was a positive COVID case may be at risk for experiencing lingering symptoms when exercising or engaging in any physical activity, including but not limited to chest pain and shortness of breath.

ASSUMPTION OF RISK, WAIVER OF LIABILITY, HOLD HARMLESS AGREEMENT

Assumption of Risk for COVID-19: I understand that my child's participation in this Activity is voluntary and is not required. By signing below, I acknowledge that I have carefully read the above; understand the risks of COVID-19 associated with entering District premises or facilities, attending school in-person, participating in District activities in-person, and/or participating in this Activity. I voluntarily assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself. By signing below, I further acknowledge that I understand that the risk of exposure to, contracting, or spreading COVID-19 may result from the acts, omissions, or negligence of myself and others, including but not limited to the District employees, agents, representatives, volunteers; other students, program participants, and their families; and/or other individuals who may be present in school facilities or in attendance at any school activity. I knowingly assume such risks, including the risk of serious illness, debilitating injury, or death to my child and myself.

Waiver of Liability, Indemnity, and Hold Harmless: By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I voluntarily agree to waive and discharge any and all claims against the District related to or arising out of COVID-19, and voluntarily release the District from liability for any exposure to or illness or injury from COVID-19, including claims for negligent actions of the District or its employees, agents, representatives, and volunteers related to or arising out of COVID-19, on behalf of myself and my child to the fullest extent allowed by law. By signing below, and in consideration for providing my child the opportunity to participate in the Activity, I agree to release, discharge, indemnify, and hold harmless the District and its employees, agents, volunteers, and representatives from all liability, claims, causes of action, or demands, including attorney fees, fines, fees, or other costs (e.g. medical costs) arising out of any exposure to or illness or injury from COVID-19.

I certify that I am the parent and/or legal guardian of the above-named student OR am the above-named student and am 18 years of age or older, that I have read and understand the foregoing, and accept and agree to be bound by the terms and conditions of the above.

Signature of Parent/ Guardian/Student at least 18 years old - Date

Signature of Parent/Legal Guardian - Date

Elementary Cross County 2021 CONFIRMATION OF INSURANCE COVERAGE

Please note: If your child does not have adequate insurance as described below, you must purchase accident insurance. Information on a school accident insurance plan is available from the school office.

The Washington Interscholastic Activities Association (WIAA) recommends that each student participating in interscholastic activities be covered by insurance. The adequate insurance recommended would provide benefits in the areas such as those listed below:

1. Minimum death benefit
2. Doctor's services and hospitalization
3. X-rays
4. Dental coverage

Please check one:

() I have adequate insurance coverage with _____ that will cover
Insurance Company
extra-curricular activities, and I will continue to keep it in force throughout the sport season,
therefore, I do not wish to enroll _____ in the school accident
Student's Name
coverage plan.

Parent/Guardian Signature

() A school accident coverage plan for _____ was purchased from
Student's Name
_____ Myers-Stevens & Toohey _____ on _____, and I will continue to keep it in.
Insurance Company *Date*
force throughout the sports season.

Parent/Guardian Signature

ACTIVE 4 YOUTH

SPOKANE SCHOOL DISTRICTS 2021 SCHEDULE

MEET #1	MEET #2
<p><u>ZONE 1</u> Monday - 9/27/21-4:15 Audubon Park 3405 N Milton Street, Spokane, WA 99205 Zone Director: Bettina Meenach</p> <p><u>ZONE 2</u> Monday - 9/27/21 - 4:15 PM Grant Park 1015 S Arthur, Spokane, WA 99202 Zone Director: Heidi Bresson</p> <p><u>ZONE 3</u> Tuesday - 9/28/21 - 4:15 PM Grant Park 1015 S Arthur, Spokane, WA 99202 Zone Director: Bettina Meenach</p> <p><u>ZONE 4</u> Wednesday - 9/29/21 - 4:15 PM Hays Park 1812 E. Providence Ave, Spokane, WA 99207 Zone Director: Bettina Meenach</p> <p><u>ZONE 5</u> Thursday - 9/30/21- 4:15 PM Audubon Park 3405 N Milton Street, Spokane, WA 99205 Zone Director: Mickleal Balfour</p>	<p><u>ZONE 1</u> Monday - 10/11/21 - 4:15 PM Audubon Park 3405 N Milton Street, Spokane, WA 99205 Zone Director: Bettina Meenach</p> <p><u>ZONE 2</u> Monday - 10/11/21 - 4:15 PM Grant Park 1015 S Arthur, Spokane, WA 99202 Zone Director: Heidi Bresson</p> <p><u>ZONE 3</u> Tuesday - 10/12/21- 4:15 PM Grant Park 1015 S Arthur, Spokane, WA 99202 Zone Director: Bettina Meenach</p> <p><u>ZONE 4</u> Wednesday - 10/13/21- 4:15 PM Hays Park 1812 E. Providence Ave, Spokane, WA 99207 Zone Director: Bettina Meenach</p> <p><u>ZONE 5</u> Thursday - 10/14/21 - 4:15 PM Audubon Park 3405 N Milton Street, Spokane, WA 99205 Zone Director: Mickleal Balfour</p>
<p>ALL CITY - FINAL MEET Tuesday - 10/26/21 - 4:15 PM Franklin Park 302 W Queen, Spokane, WA</p>	

ZONE 1	ZONE 2	ZONE 3	ZONE 4	ZONE 5
Audubon 1	Grant 1	Grant 2	Hays Park	Audubon Park 2
Audubon	Adams	Grant	Arlington	Balboa
Browne	Franklin	Hutton	Bemiss	Indian Trail
Bryant	Hamblen	Jefferson	Cooper	Linwood
Finch	Libby Odyssey	Roosevelt	Lidgerwood	Madison
Garfield	Lincoln Heights	Sheridan		Ridgeview
Holmes	Moran Prairie	Longfellow	Stevens	Salk
Montessori	Mullan Road	Wilson	Regal	Westview
Willard	Spokane Inf. Academy	Logan	Whitman	Woodridge