



We exist for the academic excellence of all students.

Consent Form – Clubs and Programs Physical Activity Authorization

Use for voluntary clubs and programs occurring outside of school hours which include physical activity as a main component. Not required for clubs and programs occurring primarily in a classroom setting or athletics and activities falling under MSHAA guidelines.

Student Name: _____ **School:** _____

Grade: _____ **Event Sponsor/Teacher:** Marci Adams,
mnadams@spsmail.org

Club Name: _____ **School Term:** _____

Club Activities:

VolleyPooLooza - co-ed volleyball tournament fundraiser for Kickapoo Volleyball

I understand that my son/daughter's participation in this club/program will involve physical activity, and that such activity may increase the chance of injury to my son/daughter. I also understand that the District cannot accept financial responsibility for any expenses due to school injuries or any expense not covered by insurance. I also accept responsibility for monitoring my student's health and fitness status and agree that he/she meets the physical requirements of the activities of this club.

I hereby give my son/daughter permission to participate in the above listed event. I also hereby authorize in advance any necessary medical treatment required by my son/daughter (named above) while he/she is participating in this activity.

I further release and forever discharge the Springfield School District from any and all claims, causes of action, or damages resulting from my son/daughter's participation in this activity, including any District-provided transportation to, from and during the event.

Best contact phone number(s): _____

Family Physician's Name: _____

List all serious allergies or medical conditions you feel we should be aware of: _____

Parent/Guardian Name (printed) **Relationship**

Signature of Parent or Guardian **Date**