

LAKE ZURICH COMMUNITY UNIT DISTRICT 95
LAKE ZURICH HIGH SCHOOL
ULTIMATE FRISBEE CLUB RELEASE FORM

Ultimate Frisbee Club will meet next to the tennis courts May 21, 26, 28, and June 2 from 3:30-4:30. Questions may be directed to Jen Gira at 540-4703 or jennifer.gira@lz95.org.

Student Name: _____ Grade: _____

Date of Birth: _____

Address: _____

Home Phone: _____

Guardian's Name: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Guardian's Name: _____ Work Phone: _____

Cell Phone: _____ Pager: _____

Person to contact if guardians are unavailable: _____

Relationship: _____ Phone: _____

My son/daughter has my permission to participate in Ultimate Frisbee Club. I understand that all rules and regulations governing student conduct remain in effect while my child is participating and that my child must be dressed properly and protected appropriately for the environmental conditions. I understand that if my child is in possession of/or under the influence of tobacco, drugs, or alcohol, permission is granted to the supervising adult to take all necessary actions should an emergency arise. In case of accident or incident requiring medical attention, if a parent/guardian or any of the people listed above cannot be reached, I authorize the school to take emergency actions deemed necessary, including the transportation of the student to a hospital, medical center, or physician for treatment.

My child has permission to self-administer Tylenol or Advil per manufacturer's recommendations during this activity. Please circle one: YES NO

If your child requires an inhaler, EPI-PEN or diabetic supplies it is the parent's responsibility to be sure that the child has these supplies with him/her.

Parent/Guardian Signature

Date