



## Athletic Performance Summer Training

### PERMISSION SLIP

I hereby give permission for my daughter/son, \_\_\_\_\_ to participate in the Athletic Performance Summer Training sessions to be held at Peninsula College.

In consenting to allow my daughter/son to play, I am indicating that I understand athletics are a physical activity and injuries can happen. I hereby agree to hold harmless Peninsula College and the individual coaches from any and all claims for liability arising out of my child's participation in the training sessions and any injuries that may arise.

Further, I hereby give permission for the college or my child's coach to seek medical treatment for my daughter/son, including surgery, if necessary, should my daughter/son become injured and I cannot be reached.

I agree to allow Peninsula College to use images of my child at the training for purposes of marketing college programs.

Participates Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Address: \_\_\_\_\_

Parent(s)/Guardian: \_\_\_\_\_

Parent(s)/ Guardian telephone: \_\_\_\_\_

Parent(s)/ Guardian email: \_\_\_\_\_

Emergency Contact Name/Number: \_\_\_\_\_

# \_\_\_\_\_

Signature of Parent/Guardian: \_\_\_\_\_

Contact: Time Tucker 360-775-1849 or [ttucker@pencol.edu](mailto:ttucker@pencol.edu) for questions.