

Williston Senior High School

P.O. Box 1407

Williston, North Dakota 58802-1407

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Jason Germundson

Principal

Kevin Klassen

Interim Superintendent

Jonathan Abuhl

Assistant Principal

Summer School Physical Education Waiver Form

Student Name: _____

Parent / Guardian Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Place of Work and Number: _____

Emergency Contact Name: _____

The summer school physical education class is a rigorous program that runs five (5) hours per day, Monday through Friday. We will have three days that the class will run from 7:30 AM to 5:30 PM. This is when the class completes two PE days in one and we go to Lewis and Clark State Park, Theodore Roosevelt National Park and the Painted Woods Shooting Range. The class participates in numerous activities that require students to travel throughout the community on bicycle.

Equipment that the student will need is a bicycle (in working condition) swim suit, towel, tennis shoes, gym clothes (NO JEANS ALLOWED) softball glove and daily snacks or money for snacks. The students will also need to bring \$10 (cash) to pay for bowling.

Students must provide their own bicycle and we will issue them a helmet AND a reflective vest that will be REQUIRED to be worn every day. The helmet and the vest will be returned at the conclusion of the course in the same condition as it was issued or the student must pay \$25 for a replacement before they will receive their grade.

In the event of an accident, I authorize the instructors at the WHS to secure any emergency treatment deemed necessary. Furthermore, I hereby waive and release Williston High School and the Williston Public School District #1 from any liability for injury or illness incurred during Physical Education class.

Parent Signature: _____ Date: _____

Please list any medical conditions that exist with your son/daughter so that appropriate treatment may be taken if needed (diabetes, allergies, special medication, etc...)

(PLEASE TURN OVER TO COMPLETE OTHER SIDE IF YOU HAVE MEDICAL CONDITIONS)