



(715)378-2263 - www.solonk12.net

**SCHOOL DISTRICT OF SOLON SPRINGS**

8993 E Baldwin Avenue - Solon Springs, WI 54873

**HALL WALKING/WEIGHT ROOM FORM**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

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

City/State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Preferred time of use: \_\_\_\_\_ (School open 8 am to 5 pm, unless other arrangements are made)

**Emergency Contact:**

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

**Please check box and sign:**

- Confidentiality:** I understand that students and staff may be present in the building while I am present. It is important to remain confidential on happenings or conversations in the building.
- Damage/Injury:** I understand that Solon Springs School is not responsible for damage to personal property or personal injury.

\_\_\_\_\_  
Signature



**Please complete this form and the accompanying background check to our school office. Thank you!**