



North Middlesex Regional School District

ATHLETIC PARENTAL CONSENT

RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

Year _____

Fall

Winter

Spring

We the undersigned father and mother or guardian(s) of _____ a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge, and covenant to hold harmless the North Middlesex Regional School District and its successors, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the North Middlesex Regional School District's Physical Education Department's athletic programs; FURTHERMORE, we/I hereby agree to protect the North Middlesex Regional School District and its successors, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the North Middlesex Regional School District's voluntary athletic programs, and to INDEMNIFY, reimburse or make good to the North Middlesex Regional School District or its successors, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the District or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent, or reckless acts or omissions while participating in said sports programs.

School _____ Sport _____

Signature(s) of Parent(s) or Guardian(s)	Date	Relationship
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Signature of Student

Male Female

Student's LAST Name	First Name	Middle Initial
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Home Address	Town	State	Zip
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Telephone	Date of Birth (MO/DA/YEAR)	Grade	Homeroom
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IN CASE OF EMERGENCY CALL:		
Name	Telephone	Relationship

North Middlesex Regional School District

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EMERGENCY REGISTRATION CARD

Name: _____ Home Phone #: _____

Student ID #: _____ Sex: M or F Grade: _____ HR: _____ Bus: _____

Address/Town/Zip: _____

Parent(s) / Guardian(s) Name(s): _____

Mother's Work #: _____ Work Place: _____

Father's Work #: _____ Work Place: _____

Please list **two** (2) emergency contacts, who will assume temporary care of your child if you cannot be reached. *This means that they may take your child home.*

Name: _____ Relationship to student: _____

Home Phone #: _____ Work Phone #: _____

Name: _____ Relationship to student: _____

Home Phone #: _____ Work Phone #: _____

Does your child have health insurance? (Circle one) Yes No

Local Physician's Name: _____ Phone #: _____

Local Dentist's Name: _____ Phone #: _____

Health Plan Name: _____ Policy #: _____

Health Concerns (allergies, medical conditions, etc.): _____

EMERGENCY POWER OF ATTORNEY:

In the event of an accident or sudden or unexpected illness of my child, if I cannot be contacted, I authorize the school staff to call the physician named above and to follow his instructions. Should the named physician not be available, I further authorize, in my place and in my stead, the school to seek the services of any qualified physician and to transport my child to the physician's office or hospital for treatment including x-rays, laboratory tests or whatever medical or surgical procedures are necessary on an emergency basis. I hereby authorize such physician to render such medical and surgical treatment and agree to pay the customary fees or charges for such treatment. I also give permission to release medical information to staff as necessary. (All medical information is considered confidential.)

Mother's Signature Date Father's Signature Date