



MIDDLE SCHOOL SPORTS PROGRAM AND TRIP PERMISSION FORM

Please complete all information and print clearly. Please read the last paragraph with the participant before signing. Thank you.

Participant Name _____ Age _____

Address _____
Street City Zip

Allergies, Chronic Illness, Disability, Medications, any specific conditions. Be specific.

What specific considerations should be given to your child for health reasons? _____

In case of an accident or emergency, the district needs to know your preference of who to call.

Parent/Guardian _____	Home # _____	Work # _____
Parent/Guardian _____	Home # _____	Work # _____
Neighbor/Friend _____	Home # _____	Work # _____

If parent or guardian cannot be contacted, we the undersigned parent/guardian of the child identified above, hereby authorize officials of this program of the Foothills Park & Recreation District to contact directly emergency personnel or the following physicians of our selection. Following emergency treatment by the emergency personnel, and in the event neither of the physicians named can be contacted, or either of us are unavailable to give our express consent, we authorize the officials of Foothills Park & Recreation District to contact any licensed physician. We authorize said physician, in what may be considered an emergency, to treat our child.

Physician (1st Choice) _____ Phone _____
Dentist (1st Choice) _____ Phone _____
Name of Insurance Policy _____ Policy Number _____
Preferred hospital for treatment if necessary _____

BEHAVIOR EXPECTATIONS: All participants will respect other people and their property, never endangering the welfare of another participant, leader or themselves. Parents will be contacted if the participant is involved in any hitting, kicking, physical or verbal abuse; uses inappropriate language; damages or steals property; is defiant towards authority; throws unauthorized objects; possesses or uses tobacco, alcohol or drugs; interferes with the rights or safety of others. Failure to behave in a courteous and respectful manner is cause for dismissal from the program with no refund.

Parent/Guardian signature

Date

Participant signature

RELEASE AGREEMENT

The undersigned (Participant) desires to participate in the following described program and related activities (Program) conducted or sponsored by Foothills Park & Recreation District:

Middle School Sports practice and transportation to and from away games

I recognize that certain hazards and risks are inherent part of any physical activity, and I acknowledge the possibility of physical injury associated with participation in the program. I hereby verify that I am physically capable of participation in the program, and I expressly and voluntarily assume all such risks.

In consideration for being allowed to participate in the program, I hereby release, discharge and otherwise agree to hold harmless and indemnify the District, its directors, officers, employees, agents, and affiliated organizations and sponsors, as well as the owners and leasers of fields and facilities utilized in connection with the Program, from all claims or liability (Including costs, expenses and attorney's fees) for any injury or other loss or damage to person or property, whether caused by negligence or otherwise (unless cause solely by the reckless or willful misconduct of the District), as a result of my participation in the program. This Agreement shall remain in effect and be legally binding until notice of its revocation is provided in writing to the District.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY, AND I HAVE SIGNED IT VOLUNTARILY. I HEREBY VERIFY THAT I AM EIGHTEEN YEARS OF AGE OR OLDER (OR, IF PARTICIPANT IS A MINOR CHILD, THE UNDERSIGNED HEREBY VERIFIES THAT HE OR SHE IS SIGNING THIS AGREEMENT AS THE PARENT OR LAWFUL GUARDIAN OF THE PARTICIPANT).

Date

Signature of Participant
(Or parent or lawful guardian)

Print Name of participant

Address of participant
