

Fountain Hills Middle School

Athletic Waiver Form

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Registration Information (Please print)

Student's Name _____ Grade _____

Parent Name or Legal Guardian Name _____

Home Phone Number _____

Day or Cell Phone Number _____

Parent's E-mail Address _____

Emergency Contact and Phone Number _____

Insurance/Medical Care

Medical Insurance will not be provided by Fountain Hills Middle School. The parental authorization and insurance information must be completed with the registration form. Insurance information must be complete or the Student will not participate. If applicable, a doctor's release must be attached if the student is recovering from a recent illness or injury, or if he is participating with a cast or splint. Note: Athletics include a great deal of physical activity. Participants are encouraged to be properly conditioned.

Insurance carrier: _____ Policy Number _____

Limitation and Waiver of Liability

In partial consideration of our child's participation in Fountain Hills Middle School athletics, I/we as a parent/s of Student's Name _____

do hereby waive all liability of Fountain Hills Middle School, its employees, agents, board members, and staff for any accident, injury (including death), illness, or other mishap which might befall the above-named student while traveling to/from or during his attendance at Fountain Hills Middle School athletic events. Further, I/we hereby grant permission to the staff of Fountain Hills Middle School and any hospital staff to render to the above-named student, any emergency medical services deemed necessary. I/we understand that all possible efforts will be made to inform me/us in case of such treatment.

Parent or Legal Guardian's Name (print) _____

Parent or Legal Guardian's Name (signature) _____

Date _____