TOWNSHIP OF UNION BOARD OF EDUCATION
PARENTAL/GUARDIAN CONSENT

Student's Name: _____ _____
Last Name First Name

School: _____ Circle Grade: 7 8 9 10 11 12 HR# _____

I/We hereby give consent for my/our child to participate in _____
(Name of Sport)

I/We release the school from all liability resulting from participation in this program.

Realizing that such activity involves the potential for injury, which is inherent in all sports, I//We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis or death. I/We acknowledge that I/We have read and understand this warning.

I/We will be responsible for any athletic equipment loaned to my child by the school and will reimburse the school for any loss.

I/We understand that in case of injury to my child, all medical bills will be submitted to my/our insurance company first.

I/We also understand that only those medical expenses not covered by my/our own personal or group insurance are eligible for coverage by the Board of Education's Insurance policy up to certain limits.

I/We also understand that I/We are liable for any medical bills remaining after above procedures have been carried out.

Students must have a medical examination by school or family physician.

Parent/Guardian's Name: (Print)_____

Address: _____ Telephone #_____

Telephone Number of Parent/Guardian during day: Father_____
Mother_____

In case of emergency, if parent/guardian cannot be contacted, notify:

Name/Relation: (Print) _____ Phone: _____

Student's Signature:_____Date:_____

Parent/Guardian's Signature:_____Date:_____

*****RETURN THIS PAGE TO YOUR COACH*****