

PARENT PERMISSION FOR SPORTS PARTICIPATION

TO THE PARENT/GUARDIAN: You must give permission for each child enrolled to participate in the specific event, activity, or sport indicated on this form.

Student Name _____ Date _____ Grade _____

Please check all that may apply

Fall Sports

Cross Country (Grades 3-8)*
 Boys Flag Football (Grades 4-8)
 Girls Volleyball (Grades 4-8)

Winter Sports

Boys Basketball (Grades 4-8)
 Girls Basketball (Grades 4-8)

Spring Sport

Track & Field (Grades 3-8)*
 Boys Volleyball (Grades 4-8)

*2nd grade will be allowed to participate in practice, but not eligible for competition (same fee is applicable).

I, the undersigned parent or guardian, do voluntarily wish to give permission for and request that my child be allowed to attend and participate in this school-sponsored athletic activity, including the related activities conducted off school grounds or outside the regular school day. My child is physically fit and capable of participation in this activity. I have told my child to follow the rules and instructions of the school, school personnel, or adult leadership of this activity.

The following forms (Parent Permission for Sports Participation, Sports Code of Ethics, and the Sports Screening Assessment form or a copy of a recent physical exam) must be completed in full. Students will not be allowed to participate until all forms have been completed and turned in to the Carden office.

***Please attach a copy of recent physical exam performed in the last 12 months. If the participant has not had a physical exam within the last 12 months, please have the Sports Screening Assessment form completed and signed by a physician**

I understand that participation in this school-sponsored activity involves some risk (including any travel to and from this activity) and that unforeseen events can occur. I am informed and agree that transportation, if involved, may be provided by parents, other private individuals, or commercial operators who are believed to be reliable and insured, but not under the supervision or control of the school.

In exchange for permitting my child to participate in this voluntary activity, I waive and give up all claims (and the right to file a lawsuit) which I or my child (and our successors, heirs, and assigns) may have against the school. I release and discharge the school from all liability or responsibility for death, illness, personal injury, or property damage arising out of the school activity and any transportation involved with the school activity.

This permission, waiver, release, and consent apply to the Carden School of Fresno and their officers, agents, and employees. This waiver and release form is signed in order for my child to participate in the school's athletic activities for my child's own personal enjoyment and benefit and is done so freely with full knowledge of the risk and dangers that are or may be involved.

Contact Information:

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

Name of Parent/Guardian _____

Home Phone _____ Work Phone _____

In case of an emergency and I cannot be reached, call:

1. Name _____ Relationship to student _____
Phone _____

2. Name _____ Relationship to student _____
Phone _____

In the event of an emergency and if the school is unable to contact me, I authorize school personnel or other adult leadership of a school-sponsored event or activity, at my expense, to secure and consent to x-ray examination, medical, dental, or surgical diagnosis, treatment, and hospital care advised and supervised by a duly licensed physician, surgeon, or dentist. I expect to be contacted as soon as possible. I agree that if emergency medical or dental services are required for my child, the Carden School of Fresno will not be responsible to pay for any medical or dental expenses.

I authorize any hospital which has provided treatment to the above named minor pursuant to the provisions of Family code section 6910 to surrender physical custody of such minor to the Carden School of Fresno representative upon the completion of treatment. This authorization is given pursuant to Health and Safety Code section 1283.

I, the undersigned, have read this release and understand all of its terms. I request that my child be allowed to participate in the school's events and activities. I execute this form voluntarily and with full knowledge of its significance. A copy of this form shall be as valid as the original authorization and may be given to the adult leader of the events, activities, or sports.

Parent Signature _____ Date _____