

South River Robotics Club Insurance Information Form

As parents or legal guardians of _____(student),

We hereby authorize and consent to our child's participation in South River High School's Robotics Program. We understand that the activity in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment.

In consideration of the acceptance of our child by the Anne Arundel County Public Schools in the South River HS robotics program, we agree to release and hold harmless the Board of Education of Anne Arundel County, Power Hawks Robotics Club, Inc. its members, the Superintendent of Schools, the Principal, all coaches, and assistant coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them, from any and all claims, costs, suits, actions, judgments, and expenses, arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the Board of Education of Anne Arundel County, Power Hawks Robotics Club, Inc. and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment at the closest medical facility in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, and practice sessions, and during travel to and from robotics contests.

Students who have made a decision to take part in the robotics program will be required to build and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern extracurricular activities in Anne Arundel County Public Schools as approved by the County Board of Education and the State Department of Education.

Every candidate for and participant on an extracurricular robotics club/team must be insured against possible accident or injury in school sponsored games, practice sessions, and during travel to and from robotics contests. Such coverage may be provided by the purchase of scholastic accident insurance; otherwise, proof of similar or superior coverage must be presented.

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|--|-----------------|-----------|------------------|
| Student Name _____ | Grade _____ | Age _____ | Birth Date _____ |
| My son/daughter is covered by AACPS accident insurance (check one) | YES | NO | |
| My son/daughter is covered by personal/other insurance (check one) | YES | NO | |
| Other insurance (company) _____ | | | |
| Policy Number _____ | | | |
| Family Physician _____ | Telephone _____ | | |
| Family Dentist _____ | Telephone _____ | | |
| Student Home Address _____ | | | |
| Parent Telephone Numbers _____ | | | |
| Emergency Contact Name(s) _____ | Number(s) _____ | | |

By evidence of the signatures below, you testify that you agree to the Parent/Student safety and insurance information and have accurately completed the Insurance Information Form. Failure to complete, sign and return this form to your child's coach will result in his/her exclusion from participation.

My child has permission to participate as a member of the South River Robotics Club.

Team Number _____

Student Signature _____ Date _____

Parent/Legal Guardian printed _____

Parent/Legal Guardian Signature _____ Date _____