

**PALOS VERDES INTERMEDIATE SCHOOL BOOSTER CLUB EMERGENCY/
PERMISSION FORM**

_____ **PLEASE CHECK IF YOU AGREE...** I have read the PVPUSD waiver, release and indemnity agreement
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY/PROGRAM

Parent/Guardian signature

Sport/Club/Activity you are signing up for: _____

Parent/Guardian EMAIL : _____

Student's Name: _____ Grade: _____

Printed name of parent or guardian: _____ Date: _____

Emergency information (please print information for two contact people)

1. Name _____ Relationship _____ Phone: _____

2. Name _____ Relationship _____ Phone: _____

MEDICAL CONTACTS

Doctor _____ Dentist _____ Hospital _____

Phone: _____ Phone _____ Phone _____

Does student wear contacts? _____

Allergies or special medical information _____

In the event that the parent/guardian cannot be reached, permission is hereby given for the physicians, dentists and/or hospital designated above to provide medical care for my child should serious illness or injury occur during any Booster Club activity.

Parent /Guardian Signature _____ Date _____

Parent Name _____ Address _____ Phone _____

Students name _____ Address _____ Phone _____

My child is insured through Myers & Stevens Student Accident & Health Insurance Plans (available for purchase)

NO YES Date Purchased _____

My child is insured through my own personal insurance company

NO YES Name of insurance Company _____

The Palos Verdes Intermediate School Booster Club works hard to insure the safest experience for all participants, but insuring absolute safety is not possible. Be aware that there are risks and hazards, minor and serious, associated with participation in intermural and intramural sports (athletic/recreation) activities. Participants and their parents voluntarily assume all responsibility and risk of loss, damage, illness, and/or injury to person or property associated with participation in sports activities. The PVIS Booster club, its officers, and instructors are not responsible for any loss, damage, illness, or injury to persons of property arising out of or relating to participation in club or sports activities, including the use of intermural and intramural facilities and equipment. The PVIS Booster Club does not provide medical, health, or other insurance for sports participants. Purchasing adequate health/medical insurance prior to participation is strongly recommended.

I have read and understood this Health/Safety Message in its entirety.

Parent/Guardian Signature _____ DATE _____

**PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT
 MEDICAL TREATMENT AUTHORIZATION
 WAIVER, RELEASE AND INDEMNITY AGREEMENT
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY SPORTS OR NON-SPORTS PROGRAM**

Participant: _____

Description of Activity: _____ Name of School: _____

Date(s) of Activity: _____

Transportation provided by District Transportation is parent responsibility

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. I realize that this activity is voluntary as part of the PALOS VERDES PENINSULA UNIFIED SCHOOL DISTRICT (District) sports or non-sports program. I understand that this activity could cause serious illness and/or injury or death, and I assume all risks for any such illness and/or injury or death. I am aware of the transportation arrangements for this activity and acknowledge that if the school is providing no transportation, the parent has complete and sole responsibility for all transportation arrangements. I am aware that the District does not provide coverage for medical treatment in connection with this activity. If a participant does not have private medical insurance, low-cost school insurance is available through the District.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to his/her child/ward or him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the District or any of its officers, agents, or employees for any of said causes of action, whether the same shall arise by the negligence of any of said persons, or otherwise.

The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child/ward or him/herself, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the District, its officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read and understand the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not automatically provide for medical coverage for participants in this activity.

Health or special needs: Check as appropriate.

<input type="checkbox"/>	Participant has no special health needs the staff should be aware of, and no medication is required.
<input type="checkbox"/>	Participant has a special need, and instructions are attached. Number of attached pages: _____
<input type="checkbox"/>	Other: _____

In the event of illness or injury, I do hereby consent to whatever x-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment and hospital care and emergency transportation considered necessary in the best judgment of the attending physician, surgeon, or dentist and performed under the supervision of a member of the medical staff of the hospital or facility furnishing medical or dental services.

Parent/Guardian Signature _____ Participant Signature _____ Date _____

Parent/Guardian Name (Please Print) _____ Phone Number _____ Health Plan _____

Street Address _____ City _____ State _____ Zip Code _____ Plan # _____

F-603 - Voluntary Sports/Non-Sports Waiver (Rev 7-20-12) Principal / Designee Signature _____