

McCurdY CHARTER SCHOOL

Education rooted in: Academic Excellence and Achievement ●
Character Development and Awareness ● *Community Engagement and Leadership*

Permission to Participate in Sporting Activities and Release of Liability

_____ has my permission to participate in the McCurdy Charter School _____ team practices, which will be held after school at _____ on _____, 2014, from ___ to ___ p.m. I further permit my student to participate in sporting meets/games related to the above-referenced team, which meets/games will be held at various locations and times which will be announced. I understand that this is a voluntary sporting team activity and that participation on the team is not required by the McCurdy Charter School. I understand that **McCurdy Charter School does not provide transportation to/from practices, meets, or games. Transportation to/from the practice location(s) and games/meets will be the responsibility of the undersigned student/parent/guardian.**

I understand and agree that my Student is required to and shall comply with all McCurdy Charter School and NMAA rules and regulations during team practices, games, and meets. Eligibility requirements may apply.

The student-participant and parent (or court appointed guardian) must inform the school if the student-participant is taking any medication or has a medical condition prior to the Tournament, and will provide any medical information related to that condition to NAS-LC prior to the Tournament. Student will not be allowed to participate in the Tournament without this information on file with the designated NAS-LC Tournament representative.

MEDICAL INFORMATION

Student's Physician:

Physicians phone number:

Insurance Carrier:

Member/ID number:

A. List all medications: NONE or

B. Allergies: *(List all allergies and describe severity (including but not limited to food, medicine, beestings, etc.)* NONE or

C. Epi-Pen: Does your student require an Epi-Pen? Yes No.

D. Medical conditions: List and describe any medical conditions (e.g. *including but not limited to diabetes, seizures, asthma, etc.*) NONE or

PO Box 2250 ● 362 SOUTH MCCURDY ROAD ● ESPANOLA, NM 87532

PHONE: 505-692-6090 ● FAX: 505-692-6095 ● www.mcsk12nm.org

I request that the above-named Student be allowed to participate in the above-referenced team practices, meets, and games, and specifically consent to the student's participation.

I acknowledge and agree that I will be wholly responsible for transportation of my student to/from team practices, meets and games, and that McCurdy Charter School shall have no responsibility or liability therefor.

I acknowledge and agree that if any emergency medical procedures or treatment are required during the practices/meets/games, I consent to the practice/meet/game supervisor(s) rendering first aid, arranging for, and consenting to the procedures or treatment in supervisor's discretion. I will pay the costs of any such medical procedures or treatment.

In the case of an incident, McCurdy Charter School and its agents have my consent to release all medical information and incident reports to insurance companies, medical authorities and other agencies deemed appropriate.

I understand that this release also includes all claims and liability during or after the activities resulting from a preexisting medical condition of my child/ward, which I represent I have fully disclosed to McCurdy Charter School.

I have read and fully completed the medical information disclosure provided by McCurdy Charter School, and accept full responsibility for my omissions or errors on the medical information disclosure form.

I acknowledge and agree that as a team participant, my student/ward will be participating in sporting activities that involve inherent risks that can result in personal injury including, but not limited to, cuts, bruises, joint injury, soft tissue damage, sprains, broken bones, respiratory injury, cardiac injury, trauma, scars, dental injury, emotional stress or trauma, accidental or intentional property damage, illness or even death.

HAVING REVIEWED, UNDERSTOOD AND CONSENTED TO THE FOREGOING, I RELEASE AND WAIVE, AND FURTHER AGREE TO INDEMNIFY, HOLD HARMLESS OR REIMBURSE MCCURDY CHARTER SCHOOL, ITS GOVERNING BODY, THE INDIVIDUAL MEMBERS, AGENTS, EMPLOYEES AND REPRESENTATIVES THEREOF, PARENT OR ADULT SUPERVISORS, SPONSORING AGENCIES, SPONSORS, AND IF APPLICABLE OWNERS AND LESSORS OF PREMISES USED TO CONDUCT ACTIVITIES, FROM AND AGAINST ANY CLAIM WHICH I, ANY OTHER PARENT OR GUARDIAN, ANY SIBLING, THE STUDENT, OR ANY OTHER PERSON, FIRM OR CORPORATION MAY HAVE OR CLAIM TO HAVE, KNOWN OR UNKNOWN, DIRECTLY OR INDIRECTLY, FOR ANY LOSSES, DAMAGES OR INJURIES ARISING OUT OF, DURING, OR IN CONNECTION WITH THE STUDENT'S PARTICIPATION IN THE SPORTING ACTIVITY AND RELATED ACTIVITIES OR THE RENDERING OF EMERGENCY MEDICAL PROCEDURES OR TREATMENT, IF ANY.

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We, the student-participant and parent (or court appointed guardian), acknowledge that we have completely read, fully understand, and voluntarily assent and agree to the above terms, conditions, and statements.

Student Name: _____ Age: _____ Date Of Birth: _____

School Name: McCurdy Charter School School Grade: _____

Parent/Legal Guardian Name: _____

Address: _____ City/State/Zip : _____

Phone _____ Cell _____

Student-Signature

Date

Parent or Court Appointed Legal Guardian Signature

Date