

SPORTS PERMISSION AND EMERGENCY FORM

Union Elementary School District

2011-12
School Year

I/We, the parent(s)/guardian(s) of _____ request that Union Elementary School District allow my child to participate in the after school sports program.

I/We hereby release and save harmless Union Elementary School District or any and all its employees from any liability for any harm arising to my son/daughter as a result of participating in the after school sports program.

I/We are aware that each participant is to return their uniform in the same condition as they received it at the end of their season. I/We will be held responsible for the cost of replacing the uniform.

Sincerely,

Parent/Guardian Signature

Date

Daytime Telephone

Check Sports for Participation:

Boys:	Fall	Soccer
	Winter	Basketball
	Spring	Baseball
Girls:	Fall	Soccer
	Winter	Basketball
	Spring	Softball

In case of emergency, please contact:

Name: _____

Address: _____

Phone: _____

Emergency Phone: _____

Cellular: _____

Doctor to Be Called In Case Of an Accident

Name: _____

Address: _____

Phone: _____