

JUNIOR PANTHER ATHLETICS

(Please print clearly)

Child's Name: _____

M ____ F ____

Birthdate ____/____/____

Grade _____

Address _____
(Street and Number, Apt. Number)

City, State _____ Zip _____

Mother's Name _____

(Address if different from above) _____ Phone _____

Father's Name _____

(Address if different from above) _____ Phone _____

Other _____
(Guardian Name)

(Address if different from above) _____ Phone _____

Allergies and/or other conditions we should be aware of: _____

In Case of Emergency, Contact:

Name: _____

Phone: _____
home / cell

As parent/guardian of the participant(s) in this program, I hereby assume all responsibility concerning my child/children(s) physical condition upon entering this athletic program. I recognize, acknowledge, and agree to assume the full risk of any injuries, damages or loss, which may be sustained as a result of participating in any and all activities connected or associated with such program(s). I further agree to indemnify and hold harmless the Maumee City School District School from any and all claims sustained by my child/children, arising out of, connected with, or in any way associated with the activities of the program. I confirm that my child/children have up-to-date health insurance coverage and understand that The Maumee City School District does not provide health insurance for students. In the event of an emergency, I authorize any treatment deemed necessary from any accredited hospital and/or physician(s) for the immediate care of my child/children. I agree that I am responsible for providing insurance coverage and payment for any and all medical services rendered. By signing below, I acknowledge that I have read the waiver above and I agree and comply with the information contained in the waiver.

Signature of Parent/Guardian Date