

Tri-County Regional Vocational High School

PARENTAL PERMISSION DOCUMENT

We (I), the parent(s) (guardian(s)) of _____ (Name of Student) a student at TriCounty Regional Vocational High School, would like to give our child the opportunity to participate in the Fall Basketball Clinics that are being sponsored and conducted for the benefit, education, and enjoyment of students at the TriCounty Regional Vocational High School between 1:30 p.m and 6:30 p.m.p.m. on Sunday afternoons from 10/31 thru 11/28. We realize that our student's participation in this program/field trip may involve some risk of personal injury to our child and damage to our property and therefore, we, on behalf of our student and ourselves, hereby release the TriCounty Regional Vocational High School, its employees, agents, (including coaching volunteers) and contractors from any and all claims and legal actions for any personal injury to our student and for any loss to us that results from our student's participation in this program.

We the undersigned father/mother/guardian of the student named above, a minor, do hereby consent to his/her participation in this program and do forever RELEASE, acquit, discharge and covenant to hold harmless TriCounty Regional Vocational High School, a municipal entity of the State of Massachusetts, and its successors, departments, officers, employees, servants, Board of Trustees, agents and chaperones of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the activity/program. FURTHERMORE, we/I hereby agree to protect TriCounty Regional Vocational High School and its successors, departments, officers, employees, servants, Board of Trustees, agents and chaperones against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the activity/program and to INDEMNIFY, reimburse or make good to TriCounty Regional Vocational High School or its successors, departments, officers, employees, servants, Board of Trustees, agents and chaperones any loss of damages or costs, including attorney's fees, the town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent or reckless acts or omissions while participating in said activities/programs.

NAME OF MEDICAL INSURANCE COMPANY _____

NAME OF SUBSCRIBER _____ MEDICAL INSURANCE ID OR ACCOUNT # _____

_____ Check this line if there is no medical insurance.

We understand that this is a supervised school program, and that group standards of conduct must be observed. We will instruct our child to comply at all times with TriCounty Regional Vocational High School rules, standards and instructions for student behavior. We agree that TriCounty Regional Vocational High School, its employees and agents, shall have the right to enforce appropriate standards of conduct, and that they may at any time terminate our student's participation in this program for failure to behave according to these standards or for any actions or conduct which they consider to be incompatible with the interests, comfort and welfare of other students in the program or its supervisors. If our student's participation is terminated, we consent to his or her being returned to our/my home at our/my expense.

Our signatures below indicate that we/I have read and freely signed this agreement.

IMPORTANT - READ ENTIRE AGREEMENT BEFORE SIGNING

Parent(s)/Guardian(s) Signature: _____ Date: _____

Signature of Student: _____ Date: _____

(Form Continues on Page 2)

Page 2
EMERGENCY CONTACT INFORMATION

Student's Name: _____ **Grade:** _____

Date of Birth: _____ / _____ / _____

Parent/Guardian Name: _____

Relationship to Student: _____

Home Phone:(____) _____ **Work Phone:**(____) _____ **ext** _____ **Cell#**(____) _____

Parent/Guardian Name: _____

Relationship to Student: _____

Home Phone:(____) _____ **Work Phone:**(____) _____ **ext** _____ **Cell#**(____) _____

Family Physician: _____ **Phone#** (____) _____

Please list **TWO** people (**other than those listed above**) the school can contact in cases of emergency **should a parent or guardian not be available.**

Name _____ **Relationship to Student:** _____

Home Phone#(____) _____ **Work Phone#**(____) _____ **Cell:** _____

Name _____ **Relationship to Student:** _____

Home Phone#(____) _____ **Work Phone#**(____) _____ **Cell:** _____

In the event parents/guardians, physicians, or other persons named on this form cannot be contacted, school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of my son/daughter and all costs will be the responsibility of the parents/guardians.

Parent/Guardian Signature: _____ **Date:** _____