ATHLETIC RELEASE FORM

Please indicate all sports that your child will participate in:

___Soccer   ___Basketball   ___Golf   ___Baseball   ___Softball   ___Track

Child's Name: _____ Grade: _____ Date of Birth:_____

Parent/Guardian(s) Name: _____

Mailing Address: _____

Email: _____ Home Phone: _____Work Phone:_____

Cell Phone: _____

Medical Conditions/Allergies: _____

Emergency Contact Information: _____Phone:_____

_____Phone:_____

Insurance Information:

Policy Number: _____ Policy Holder: _____

Insurance Company Name: _____

___I do not have insurance and will purchase school insurance (provides minimal coverage, See AD for details.

I, _____(parent/guardian) give my permission for my child listed above to participate in the Twin Valley Middle High School Athletics Program.

I acknowledge sports are inherently dangerous activities, which can result in injury, even with supervision, and I am subjecting my child to this risk.

In consideration for my child to be permitted to participate in this program, I hereby release the League involved, TVMHS, administrators, coaches and officials to any and all claims resulting from personal and to damage of property resulting from participation in the TVMHS Athletic Program.

I agree to indemnify and hold harmless the above-mentioned for any and all costs, including attorney's fees, incurred in the defense of claims made while my child is participating in this program.

In case of emergency and I cannot be reached, I give/do not give (circle one) permission for medical care prescribed by a duly licensed doctor of medicine or dentistry. This care may be given under whatever conditions are necessary to preserve life, limb, or well being of my dependent named above.

I authorize/do not authorize (circle one) the use of any photos taken of my child during his/her participation in the program for promotional, publicity, or public relations purposes by TVMHS Athletics.

I have read and reviewed the attached reading with my son/daughter regarding concussions.

I am the parent or lawful guardian of the child named above whom is participating in the TVMHS Athletic Program.

_____   _____

Parent/Guardian Signature   Date