

Registration/Permission Slip

Name: (please print) \_\_\_\_\_ Grade in School: \_\_\_\_\_

Dates Attending: Saturday, December 2, 2023

Medical Information

The following special health problems should be noted and adequate precautions taken (list such items as unusually severe reaction to bee stings, other severe allergies, hemophilia, diabetes, heart disease, ect

Medical Release

In the event of an accident or illness, I understand that reasonable effort will be made to contact the parent immediately. However, if I am not available, I authorize the school district to secure emergency medical care as needed.

**NOTE: DURING THE MINI CHEER CAMP, HEALTHCARE SERVICES FROM THE SCHOOL NURSE OR HEALTH ROOM AIDES WILL NOT BE PROVIDED DURING THIS VOLUNTARY AFTER SCHOOL HOURS ACTIVITY.**

Name of Preferred Doctor \_\_\_\_\_ Phone \_\_\_\_\_

[I understand the that school does not purchase or have medical/dental/hospitalization insurance to cover injuries to or losses of life of pupils, or to indemnify parents for expenses in connection therewith, and that such insurance, if desired, must be purchased by the parent or guardian.]

Name of Insurance Carrier \_\_\_\_\_ Policy # \_\_\_\_\_

Although I understand that the school district will make a reasonable effort to provide a safe environment, I am fully aware of the special dangers and risks inherent in participating in the activity. With this knowledge I expressly release and hold harmless the school district and its employees, agents, or volunteer from any liability associated with this activity and realize this activity provides a learning experience for the students and allows them an opportunity to apply their learning. NWCS has the right to determine alternative transportation for students in the event of an emergency which could include parent drivers.

**Being fully aware of the risks, I hereby give consent for**

**(Student name) \_\_\_\_\_ to participate in the September 2023 mini cheer camp.**

**Parent Name: \_\_\_\_\_ Parent Signature: \_\_\_\_\_ Parent**

**Address: \_\_\_\_\_**

**Cell Phone: \_\_\_\_\_ Home Phone/Other: \_\_\_\_\_**

**Emergency Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_**