



SHERIDAN

SCHOOL DISTRICT

School Waiver Form: Extracurricular Activities

Dear Parent/Guardian:

The information below must be completed annually for each sport and on file at school before your child may participate in any athletic practice, contest, or activity. Please complete and have your child return this letter to the office at their school. Thank you for your cooperation.

Student Name: _____ Sport or Activity: _____

School: _____ Grade: ___ Age: ___ Date of Birth: __/__/____ Sex: M F X (Circle One)

Medical Insurance Company: _____ Policy/Group Number: _____

Physician: _____ Physician's Phone: _____

Parent/Guardian Name(s): _____

Street Address: _____ City: _____ State: ___ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact: _____ Phone Number: _____

Relationship to Student: _____

Important Notice – The Sheridan School District, it's employees, agents and insurers have no liability, and accepts no liability for injuries occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the subject.

By signing below, you affirm that all the information above is correct and are agreeing to the terms of this form.

Parent Signature

Date

Student Signature (if over 18)

Date