



Sports Participation & Away Game Permission Slip

Pinecrest Schools Northridge

____ Grade Boys/Girls _____ Team

Game Days	Departing	Returning	Schools

All times are approximate.

Children MUST wear a Pinecrest Team Uniform on all Away Games for identification. For reasons of safety and insurance, children must NOT wear open-toed shoes on any field trip or away game.

Please sign and return the bottom portion of this slip along with a daytime phone number, and an additional phone number (e.g. a cell phone) and return it the P.E. Office.

✂----- (Cut/Tear off) -----



PINECREST SCHOOLS NORTHRIDGE SPORTS PARTICIPATION & AWAY GAME PERMISSION SLIP

My child/ward, _____ has my permission to be on the designated team and to attend all the above away games.

Sports activities are developed to meet certain physical and educational objectives. These objectives might include developing physical fitness and coordination, team spirit and goal setting skills. Team sports are a privilege and students may be excluded for various reasons including, but not limited to, low attendance at practice, failure to follow coaches' instructions, poor grades, bad behavior, simply causing trouble on trips or any combination thereof. I understand and agree that at away games my child/ward may be transported in a school-owned vehicle or contracted or designated vehicle. I understand that at this event or related activities, my child/ward may be photographed. I agree to allow my child's/ward's photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers and/or assigns.

I, the undersigned, acknowledge and agree that playing or practicing to play/participate in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I understand that such risks include, but are not limited to, death, serious neck and spinal injuries that may result in complete or partial paralysis, brain damage, serious injury to internal organs, serious injury to bones, joints, ligaments, muscles, tendons, and other skeletal components, and serious injury or impairment to other aspects of the body, general health, and well-being. I understand that such risks also include, but are not limited to, serious impairment of the third party's future abilities to earn a living, to engage in other business, social, and recreational activities, and generally to enjoy life. I also understand that emotional risks involved in playing or practicing sports as well as the emotional risks connected to any physical injury which may result, i.e., stress, tension, depression, etc.

I understand and agree that because of the dangers of participating in any sports program it is important to follow coaches' instructions regarding playing techniques and other team rules. I have read and understand the above physical and emotional injury risk warning and agree to assume any and all risks of physical and/or emotional injury and any results from such injuries to my child/ward.

(over)



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This authorization will remain in effect while the above minor is *en route* to or from, or involved in participation in any Pinecrest School program or activity unless revoked in writing by the under-signed and delivered to the aforesaid agent. I understand that neither Pinecrest Schools nor its employees are liable for any injury sustained by my child/ward while he/she is not on Pinecrest Schools' property. I agree to release and hold harmless Pinecrest Schools and its agents from any and against any and all liability, loss, damages, claims, or actions for bodily injury, and/or property damage, in accordance with current state and federal law, arising out of participation in Pinecrest Schools athletic activities. The terms thereof shall serve as a release and assumption of risks for my heirs, estate, executor, administer, assignees, and for all members of my family.

I, the undersigned parent or guardian of the above minor child/ward, do hereby authorize the adult leaders, teachers, administrators, or other proper agents of the Pinecrest Schools to act as agent for the undersigned to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care for the above minor child which is deemed advisable and to be rendered under the general or special supervision of any physician or surgeon, licensed under the provision of the Medicine-Practice Act, whether such diagnosis or treatment is rendered at the office of said physician or dentist, at a hospital, school, or elsewhere. I agree to the cost of such treatment.

Parent or Legal Guardian Print

Parent or Legal Guardian Signature

Date

Daytime Phone Number

Additional Phone Number

Child's Date of Birth

Allergies or physical or medical condition

