Wachusett Regional School District

Holden, Paxton, Princeton, Rutland, Sterling

PARENTAL CONSENT, RELEASE FROM LIABILITY AND INDEMNITY AGREEMENT

We/I, the undersigned father and mother or guardian(s) of _____, a minor, do hereby consent to his/her participation in voluntary athletic programs and do forever RELEASE, acquit, discharge and covenant to hold harmless the Wachusett Regional School District, a regional school district organized pursuant to the laws of the Commonwealth of Massachusetts, and its school committee, departments, officers, employees, servants and agents, of and from any and all actions, causes of action, 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 damage 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 Wachusett Regional School District Physical Education Department's athletic programs.

FURTHERMORE, we/I hereby agree to hold harmless the Wachusett Regional School District and its successors, and school committee, departments, officers, employees, servants and agents against any claim 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 Wachusett Regional School District Physical Education Department's voluntary athletic programs, and to indemnify, reimburse or make good to the Wachusett Regional School District or its successors, departments, officers, employees, servants and agents any loss or damage or costs, including attorney's fees, the Wachusett Regional School District or its representatives may have to pay if any injury, damage, cost, expense, claim or litigation arises from the minor's intentional, negligent, or reckless acts or omissions while participating in the sports programs.

School _____ Sport_____

The parties hereby declare that the terms of this Release have been carefully reviewed and understood by them and is fully understood and voluntarily accepted.

_____	_____	_____
Signature(s) of Parent(s) or Guardian(s)	Date	Relationship
_____	_____	_____
Signature(s) of Parent(s) or Guardian(s)	Date	Relationship
_____	_____	
Signature of Student	Date	

THIS FORM MAY NOT BE ALTERED

FORM DO/WAIVER/12/01/02 **Student File**
08/01/07

Jefferson School
1745 Main Street, Jefferson, MA 01522
Telephone: (508) 829-1670 Facsimile: (508) 829-1680
www.wrsd.net

Middle School Athletic Eligibility Form

Name_____ Date of Birth_____

Address_____

Grade_____ Student I.D. #_____ Telephone_____

Parent's Name_____ Home Phone #_____

This is to certify that the above named child has my permission to play _____
Sport

The above named child is covered by school insurance or a family health policy.
Specify type of coverage Blue Cross Private HMO School

The above named child will travel to and from games by school provided transportation and will be responsible for the full cost of any athletic equipment issued to him/her that is lost or destroyed.

_____ _____
Parent/Guardian Signature *Student Athlete Signature*

(Do not write in this space – For Middle School Health Office use only)
I hereby certify that the above-named student has been examined by a physician in the past twelve months and a record of such exam is on file in the middle school health office and that all immunizations are up to date.

_____ _____
Health Office Clearance
Date Date of Physical

Middle School Athletic Fee Schedule
Individual $50 per student/sport

Provisions will be made for students eligible for free or reduced lunch

To Be Completed by School Staff

Fee Paid_____ _____ _____
Amount Staff initials Date

Names of Siblings Covered _____

_____

Eligible for free or reduced lunch ___

08/01/07