

MARTIN MURPHY MIDDLE SCHOOL
After School Sports Permission Slip 2017--18 School Year

Sport: _____

Student's Last Name	First Name	Middle Initial
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Address	City	Zip Code	Grade	Date of Birth
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Parent/Guardian- Last Name	First Name	Phone: Hm #	Wk #	Cell #
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Emergency Contact <i>Other than parent/guardian</i>	Phone: Hm #	Wk #	Cell #
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Allergies (Please list) _____

Email Address: _____

Is student on medication Yes No If yes – name of medication: _____

Name of Physician	Phone #	Insurance Carrier	Policy/Group Number
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I understand that my child is to attend all practices and games, unless he/she is ill. **I further understand that an activity bus is available at 4:00 p.m. HOWEVER, THE COACH MAY REQUEST THAT STUDENTS PRACTICE AFTER 4:00PM. THEREFORE, I AM RESPONSIBLE FOR MY CHILD'S TRANSPORTATION HOME.**

Insurance Information:

State Law requires Accidental Bodily Insurance of at least \$1,500 of scheduled medical and hospital benefits for all members of an athletic team. All medical, hospital, ambulance or other bills shall be charged to the parents or guardians and shall be considered the bill of such parents or guardians. **You may obtain reasonably priced insurance information from the Athletic Director.**

Transportation Authorization:

The School District assumes no responsibility or liability for transporting students to and from athletic events or activities. It is further understood that the above named student may travel in automobiles operated by District employees and adult volunteers. Morgan Hill Unified School District **does not** provide insurance coverage for such trips.

Students are not allowed to leave campus in a private vehicle without written parental permission. Since we will be using private vehicles to transport students to some athletic events, we are asking for your permission **for all seasons circled above**. Coaches, and parents will be providing the transportation. If you have individual concerns, please contact your student's coach or advisor.

Waiver of Claim In granting permission to attend, I do hereby waive all claims and hold harmless the individual sponsors, the Morgan Hill Unified School District, and the State of California for injury, accident, illness, death, or any loss or damage to personal property occurring during or by reason of this excursion/field trip or event.

Year 2017--18 Signature of Parent/Guardian _____ Date _____

Parent Medical Authorization:

A MEDICAL EMERGENCY CARD MUST BE ON FILE At Martin Murphy Middle School. I authorize the above named student to participate in athletics and to be release from school as required in order to participate in the sports or activities. **In case the student becomes ill or injured Morgan Hill Unified School District is authorized to have the student treated and I authorize the medical agency to render treatment.**

Signature of Parent/Guardian _____ Date _____