

**ACTIVITY PERMISSION AGREEMENT  
HAVRE MIDDLE SCHOOL**

4/15/15

\_\_\_\_\_  
**Name of Student Athlete**

\_\_\_\_\_  
**Grade**

\_\_\_\_\_  
**Activity**

**1. Emergency Care:**

In case my child should need emergency medical attention, and I am unavailable, I give my permission for \_\_\_\_\_ (student) to have emergency medical attention. Furthermore, I shall not hold the school responsible for any debts incurred.

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

Address: \_\_\_\_\_      Phone No: \_\_\_\_\_

**2. Risk Warning:**

Having read the risk warning and realizing that there is an inherent risk of being injured in all activities, and realizing the risk of injury may be severe, including the risk of fracture, brain injuries, paralysis, or even death, \_\_\_\_\_ (student) has our permission to participate in \_\_\_\_\_ (activity). I give permission for my son/daughter to travel with the \_\_\_\_\_ (activity).

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Student)      Date: \_\_\_\_\_

**3. Insurance:**

I understand that insurance is not the school's obligation. Please indicate if you choose to purchase insurance from a private company through the school, or cover your son/daughter with your family policy.

\_\_\_\_\_ We will insure our son/daughter with our family policy. We have checked to see that there is coverage for the activity in question.

Company Name: \_\_\_\_\_      Policy #: \_\_\_\_\_

\_\_\_\_\_ We would like to purchase private insurance through the school. I understand that the Premium must be paid before my son/daughter can practice.

**4. Participation Agreement:**

I have read understand the **HAVRE MIDDLE SCHOOL ACTIVITY PARTICIPATION AGREEMENT**. This Agreement will be in effect from \_\_\_\_\_ (first day of activity) until \_\_\_\_\_ (last day of activity).

Signed: \_\_\_\_\_ (Parent/Guardian)      Date: \_\_\_\_\_

Signed: \_\_\_\_\_ (Student)      Date: \_\_\_\_\_