

OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION - 9060-F

PERMISSION TO PARTICIPATE AND RELEASE

Related to Board Policy 9060

School Year: _____

The undersigned as parent/guardian of student _____ / /
(Student's Name) (Birthdate)

hereby grants permission for my child to participate in the following activities, including practices and competitions:
(Check all that apply)

- | | | | | |
|---------------------------------------|--|-----------------------------------|-------------------------------------|--------------------------------------|
| <input type="checkbox"/> Archery | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Golf | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Dance | <input type="checkbox"/> Lacrosse | <input type="checkbox"/> Tennis | <input type="checkbox"/> Bowling |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Field Hockey | <input type="checkbox"/> Soccer | <input type="checkbox"/> Track | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Football | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball | <input type="checkbox"/> Other _____ |

I understand that the activity(ies) described above are potentially dangerous. I understand that there are inherent risks, including the risk of serious bodily injury or death, associated with participation in this/these activity(ies) and that all rules and regulations imposed upon the participant by the coach, supervising staff or Board of Education must be followed strictly in order to reduce any potential risks or prevent injury. I further understand that participation is not required in any way and is completely voluntary.

In consideration for the advantages of my/my child's participation in the activity(ies) described above, I, for myself, my spouse, my heirs and assigns, hereby release and hold harmless the Oldham County Board of Education (OCBE), its present and future individual members, officers, agents, employees, directors, representatives and insurers, from any and all liability, for bodily injury or property damages that may result from my child's participation in the activity(ies) described above except as provided by law.

Neither the school nor the OCBE has provisions for payment of medical or hospital bills in case of an injury to your child. Students must have proof of insurance or student accident insurance to participate in co-curricular or extra-curricular activities including intra-murals. Participation will be denied until insurance coverage is verified.

Insurance Company (Indicate Private or Student Accident Insurance) Policy Number

The undersigned consent to the OCBE and its representatives to use and disclose necessary personally identifiable information from the student's education records to third parties, including coaches, trainers and medical facilities for the purpose of receiving proper and necessary medical care and complying the OCBE policies and regulations, without such disclosure being a violation of FERPA.

I HAVE READ THE ABOVE INFORMATION, UNDERSTAND IT, AND MY SIGNATURE INDICATES AGREEMENT.

(Signature of Parent/Guardian)(Circle One) (Date) (Parent Day Phone #)

(Signature of Student Required if 18 years or older) (Date) (Parent Evening Phone #)

Other Emergency Contact In Event Parent Cannot Be Reached: _____

Phone _____