



Permission to Participate Form

Activity: Swim Team 2017-2018

This Form must be returned to Mr. Thorp before students participate.

Name of Student..... Date of Birth (MM/DD/YY)

Class

I acknowledge that I am aware my child was signed up to participate in the above mentioned activity. I am also aware of the following:

1. Waiver

I hereby agree not to hold the school, the board of Directors or the sponsor(s) liable for any expense incurred due to personal injury and/or any damage to property belonging to my child, except in case of willful negligence by the sponsor.

2. Medical Insurance

The School does not provide personal insurance for individual students. Personal medical/health insurance is the responsibility of each family. BSB strongly encourages all families to provide such insurance for their children: or to be self-insured.

3. Emergency Medical Authorization

In event of an injury, accident or serious illness, I authorize BSB to take my child to a medical/dental clinic to be assessed. Every possible effort will be made to contact parent/ guardian beforehand. If in the judgment of the medical staff, treatment is needed to save a life, I authorize the coach/director to consent to that treatment.

**I hereby acknowledge that I have read and accept the three items listed above
(Waiver, Medical Insurance and Emergency Medical Authorization)**

Printed Name of Parent/Guardian.....

Signature of Parent/Guardian..... Date Signed.....

Address.....

Home Telephone Number Mobile Number.....

E-Mail Address