

**BORDENTOWN REGIONAL SCHOOL DISTRICT
PERMISSION FOR SUMMER PARTICIPATION AND RELEASE OF CLAIMS**

Name of Applicant _____

Grade _____ Summer Sport _____

Address _____

Age _____

Date of Last Physical Examination _____

BRHS Nurse's Signature Approval _____

As the parent or guardian of _____ (student's name), I do hereby request and authorize the Principal of Bordentown Regional High School to permit my child or ward to participate in Summer Athletics during the calendar year, _____. Also, I confirm that my child or ward has had a physical examination within the past year.

Realizing that such activity involves the potential for injury which is inherent in all sports, I acknowledge that even with the best coaching, use of most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

I do hereby accept full responsibility for his or her acts while so engaged and in consideration of permission granted _____ (child or ward) to participate in the above described activity. I hereby specifically release the Bordentown Regional School District, its employees, and members of its Board of Education, of claims or liability for personal injury, known or unknown, and injuries to property, real or personal, caused by, occurring in connection with, or arising from the above described school activity.

I hereby give my permission that in case of an emergency, _____ (child or ward) may be taken to the hospital for treatment or treated by the school doctor and/or the athletic trainer if it is necessary.

I have read and understand Board Policy #6131 (included in the Students' Handbook), which addresses drug and alcohol violations that occur at any time – whether during a school-related or non-school-related activity during participation in extra-curricular activities.

I, the undersigned, have read this release and understand all of its terms. I execute it voluntarily with full knowledge of its significance.

_____ Signature of Parent/Guardian

_____ Signature of Student

_____ Date