



Global Learning Charter Public School

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REQUEST FOR STUDENT PARTICIPATION IN EXTRACURRICULAR ATHLETIC ACTIVITIES AND MEDICAL WAIVER AND RELEASE OF LIABILITY

Activity Information

I, the undersigned, request that my child, _____, be permitted to participate in: _____ for the 2016-2017 school year. (list the athletic activity or activities above)

Student Information:

Address: _____

Best number to reach parent/guardian: _____

Alternate # 1 relative contact: _____

Alternate #2 relative contact: _____

Name

Number

I will obey all school rules and policies at all times while participating in the above activities. I understand that any violation of these rules may result in my being withdrawn from the program.

Student Signature

Medical Information

In the event of illness or injury, I do hereby consent to whatever emergency medical treatment may be deemed necessary for my child. I further understand that any medical treatment will be provided at my expense (or that of my insurer), and that neither the School nor its affiliates will be responsible or liable for costs and fees related to such medical treatment.

Medical Insurance Carrier

Policy Number

Telephone Number

Disclosure of any medical conditions and/or medication should be made known to coaching staff or emergency medical providers in the events of accident or injury.

____ My child has the following medical conditions and/or is taking the following medications that staff should be aware of: _____

____ My child has no medical conditions and takes no medication about which the school and staff should be aware of.

Physician contact information:

Name: _____

Address: _____

Phone number: _____

Waiver and Release

I/we acknowledge that, as a condition of my child’s participating in the above activity, I/we hereby hold harmless, and waive and release the Global Learning Charter Public School (“the School”), The School’s affiliate organizations and corporations, the school district, the state of Massachusetts, and the respective officers, agents, employees and contractors of each of them (“releases”), from and against any and all actions, claims, demands, liabilities, or expenses that I/we have or may here after have relating to any injury, accident, illness, death and/pr any loss or damage to personal property occurring during, or resulting from my/our child’s participation in the above described activity, including, but not limited to, claims arising of any negligence of Releases, and each of them

I/WE ACKNOWLEDGE THAT I/WE HAVE CAREFULLY READ THIS REQUEST FOR STUDENT PARTICIPATION IN SCHOOL SPONSORED ATHLETIC ACTIVITIES AND FULLY UNDERSTAND ITS TERMS. I/WE ARE AWARE THAT THIS DOCUMENT INCLUDES A WAIVER AND A RELEASE OF LIABILITY/ I/WE AGREE TO THE TERMS AND CONDITIONS AS STATED ABOVE AND AGREE TO PERMIT MY/OUR CHILD TO PARTICIPATE IN THE ABOVE DESCRIBED ACTIVITY.

Student Name (Printed)

Student Name (Signature) Date

Parent / Guardian Name (Printed)

Parent / Guardian Name Signature Date