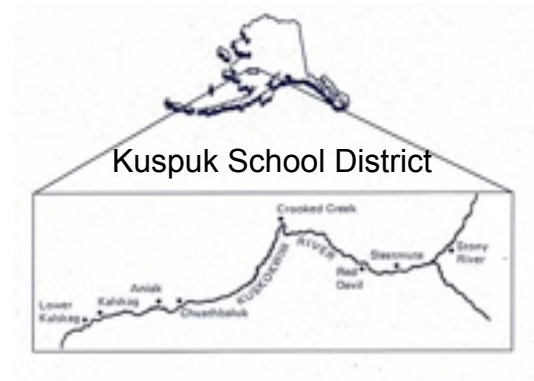


Interscholastic / AASA Permission Form

2012 / 2013 School Year



Name of Student

PARENT'S OR GUARDIAN'S PERMISSION

I hereby give my consent for the above student to engage in ASAA or School District approved interscholastic activities as a representative of his or her school. I also give my consent for the student to accompany the team or group as a member of its out-of-town trips. I understand the local Board of Education or ASAA does not carry sports or activity insurance and will not assume responsibility for injuries sustained in the interscholastic program. I also understand that accident insurance coverage is my responsibility.

Insurance Coverage

- Native Services. Military Family
 None: I will assume financial responsibility for injuries

EMERGENCY TREATMENT CONSENT FOR INTERSCHOLASTIC ACTIVITY INJURIES

I, _____, parent or guardian of _____
in consideration of my daughter/son's opportunity to participate in interscholastic activities hereby consent to emergency medical treatment, hospitalization or medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of the School District any of its agents or employees, arising out of such medical treatment.

HOME PHONE: _____ EMERGENCY PHONE _____

DATED THIS _____ DAY OF _____

Signature of Parent/Guardian