

CENTERVILLE MIDDLE SCHOOL SKI & RIDER CLUB EMERGENCY INFORMATION AND PARENT PERMISSION FORM

DIRECTIONS: This form must be completely filled out and returned prior to attending any ski trip(s).

Name: _____
(Last) (First) (Middle)

Date of Birth: _____ Base School (circle one): MAGSIG TOWER HEIGHTS WATTS

PARENTS OR GUARDIANS NAMES: *(Please list separately if different)*

Father: _____ Mother: _____

Address: _____ Address: _____

Phone: _____ Phone: _____

Business: _____ Business: _____

Cell: _____ Phone: _____

Primary Email: _____

ADDITIONAL EMERGENCY INFORMATION:

Contact name if parents are unavailable: _____ Phone: _____

Relationship: _____

Insurance policy is under (circle one): Father Mother

Medical/Accident Insurance Carrier: _____

Group No.: _____ Policy No.: _____

Doctor's Name: _____ Phone: _____

Address: _____

Date of Last Tetanus Shot: _____ Contacts worn: _____ Yes _____ No

Allergies: _____

Medications: (being used) _____

Medical Problems: _____

Special Insurance Information: _____

Please see reverse side!

Please Read the following and sign:

LEGAL RELEASE:

*By signing this waiver, I give permission for my son/daughter to attend the Centerville Middle School Ski & Rider Club's trip(s) this year. I recognize the various risks involved in skiing/snowboarding and understand that my child is attending this activity at his/her own risk and that I will indemnify and hold harmless the chaperones, staff, and the Centerville School District from any loss, liability, damage, or cost of any kind that may incur as the result of any injury to myself, to any member of my family, or to any person for whom I am signing this waiver regardless of any negligence on the part of the Centerville School District, Centerville Middle School Ski & Rider Club, or any of the Centerville Middle Schools Ski & Rider Club chaperones. I further understand that in the event medical treatment is required, every reasonable effort will be made to contact me. **If, however, I am unavailable, I give permission for the chaperones to secure the services of a licensed physician to provide the care necessary or my child's well-being.***

Signature of Parent / Guardian_____ **Date:**_____

Please flip over to the back

PHOTO RELEASE:

By signing this waiver, I give permission for my son/daughter to be photographed at Ski & Rider events for school publications. I grant Centerville City Schools Ski & Rider permission to utilize, release, and/or publish my student's photograph/video in school publications and media releases. School publications and media releases may include, but are not limited to, School Calendars, Newsletters, Social Media, Yearbook, Public Access TV, District Website, and Student Newspapers. I agree that, insofar as I am concerned, these photos/videos may be edited by those charged with such responsibility at their sole discretion and used in whole, in part, and in connection with such publications. I also consent to the use of my student's name, likeness, voice, and biographical material in connection with program publicity and for instructional and promotional purposes. I expressly release the producer, the CENTERVILLE CITY SCHOOL DISTRICT SKI & RIDER CLUB teachers, parents, and volunteers, from any privacy, defamation, compensation, copyright, or other claims that may arise out of such presentations, exhibitions, publications, or promotions.

Signature of Parent / Guardian_____ **Date:**_____

The following space is provided to share information regarding your child that you deem helpful to the club advisors.
