Madera Unified School District
ATHLETIC PARTICIPATION PARENTAL/GUARDIAN CONSENT

Your child has been invited to participate in the Netherton Rotary Relays. By signing this form, you give permission for the student named below to participate. It will be the parents'/guardians' responsibility to provide transportation to and from the event on Friday, 2/27/2026.

Qualifiers: Tuesday, February 24, during the school day.

Netherton Madera Rotary Relays - Finals 2026

Practices: Will be determined by each school site. **Event Date:** Friday, February 27 @ 6:00 pm. **Location:** Torres High School Stadium. **Parking:** Spectator Parking Entrance is off Road 26. Overflow parking is available at the Desmond/Nishimoto lot via Martin Street. Parking is free. **Entry Fees:** $5 for ages 10+; $3 for children under 10 and seniors (60+); Free for children under 3 and veterans. Cash and card accepted. Card payments are encouraged for quicker entry. **Information:** For up-to-date information, including event maps, entry fees, parking, race schedules, and student pick-up areas, please scan the QR Code provided.

https://sites.google.com/maderausd.org/musd-n-r-relays-2026/home

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NETHERTON ROTARY RELAYS 2026
MADERA UNIFIED SCHOOL DISTRICT
EMERGENCY PROCEDURE CARD

1. STUDENT NAME _____ (LAST / FIRST / MIDDLE) 2. _____ (GRADE) 3. _____ (BIRTHDATE)

4. LEGAL LAST NAME (IF DIFFERENT)_____ 5. SEX (CIRCLE) M F

6. HOME ADDRESS _____ (ZIP CODE) 7. _____/_____ (HOME PHONE / CELL PHONE)

8. _____ (FATHER / PARENT OR GUARDIAN 1) 9. _____ (PLACE OF EMPLOYMENT/OCCUPATION) 10. _____ (WORK PHONE)

11. _____ (MOTHER / PARENT OR GUARDIAN 2) 12. _____ (PLACE OF EMPLOYMENT/OCCUPATION) 13. _____ (WORK PHONE)

14. _____ (STEP/FOSTER PARENT/GUARDIAN) 15. _____ (PLACE OF EMPLOYMENT/OCCUPATION) 16. _____ (WORK PHONE)

17. AUTHORIZATION TO TREAT A MINOR:

IN CASE OF EMERGENCY,I CONSENT TO HAVE MY CHILD TREATED AT AN EMERGENCY ROOM OR HOSPITALITY IS UNDERSTANDING THAT AN EFFORT SHALL BE MADE TO CONTACT THE UNDERSIGNED PRIOR TO THE RENDERING *OF* ANY TREATMENT, BUT THAT TREATMENT WILL NOT BE WITHHELD IF THE UNDERSIGNED CANNOT BE REACHED. THIS AUTHORIZATION IS GIVEN PURSUANT TO THE PROVISIONS OF SECTION *25.8* OF THE CIVIL CODE OF CALIFORNIA.

SIGNED: _____

18. CHILD'S DOCTOR: _____

19. INSURANCE CARRIER: _____

20. IF I CANNOT BE REACHED IN AN EMERGENCY, PLEASE CONTACT:

NAME: _____

ADDRESS: _____

PHONE: _____

DATE: _____