

## SCHOOL WAIVER FORM EXTRACURRICULAR ACTIVITES

**The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accepts no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.**

Student's Name \_\_\_\_\_ Sports/Activities \_\_\_\_\_ Sex M F

School \_\_\_\_\_ Grade \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Parent's/Guardian's Name \_\_\_\_\_

Father's/Guardian's SS# XXX-XX \_\_\_\_\_ Mother's/Guardian's SS# XXX-XX \_\_\_\_\_

Work Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

Another Person to Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number ( ) \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy Number and/or Group Numbers \_\_\_\_\_

ALLERGIES \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Student's Signature \_\_\_\_\_

(if over age 18)

Date \_\_\_\_\_ Date \_\_\_\_\_

**IMPORTANT NOTICE** – It is the policy of the St. Tammany Parish School Board that **ALL** athletes participating in our school sports programs **MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE!** Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parents/guardians