

THE SCHOOL DISTRICT OF THE TOWNSHIP OF UPPER ST. CLAIR

• Parental Consent, Release and Indemnity •

We understand: (1) that participation in contact or competitive sports can present a risk of serious harm to the participant, and (2) that we have a personal responsibility for assuming any and all medical, hospital and related expenses that may result from our son's/daughter's participation in the school athletic program.

We presently (check appropriate blank(s)):

_____ Have satisfactory insurance coverage with

Name of insurance Carrier

_____ Have accepted insurance offered through the School District

_____ Have rejected insurance offered through the School District

_____ Do not have insurance but will give consideration to purchasing appropriate coverage

We hereby release The School District of the Township of Upper St. Clair and its personnel and agree to indemnify and hold harmless the School District and its personnel from and against any liability of any nature whatsoever for any injury to our son/daughter resulting or arising in any way from his/her participation in the School District's athletic programs.

Student's Name

Parent or Guardian's Signature

Date

UPPER ST. CLAIR HIGH SCHOOL ATHLETIC ELIGIBILITY INFORMATION

Name _____ Present Grade Level _____

Age _____ Date of Birth _____

Home Address _____

PA Zip _____

Mother's Name _____

Father's Name _____

Sport in which you are interested in participation: _____

Years of participation in this sport:

(Check each grade including this year.)

____ 7th Grade ____ 8th Grade ____ 9th Grade ____ 10th Grade ____ 11th Grade ____ 12th Grade