

## ECTOR COUNTY INDEPENDENT SCHOOL DISTRICT

### PARENTS' APPROVAL FOR ELEMENTARY AFTER SCHOOL SPORTS PARTICIPATION

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SCHOOL: \_\_\_\_\_

DATE: \_\_\_\_\_

BIRTHDAY: MONTH \_\_\_\_\_ DAY \_\_\_\_\_ YEAR \_\_\_\_\_ PRESENT AGE \_\_\_\_\_

AS OF SEPT. 1<sup>ST</sup>

PLAYERS NAME: \_\_\_\_\_ PARENT or GUARDIAN: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ EMPLOYED BY: \_\_\_\_\_

RESIDENCE PHONE: \_\_\_\_\_ BUSINESS PHONE: \_\_\_\_\_

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#### PERMISSION TO PLAY

The above named has my permission, as parent or guardian, to participate in athletics and sports through the Athletic Department in the After School Program.

#### RESPONSIBILITY FOR INJURIES

The school assumes no responsibility for medical expenses as a result of injuries; however, insurance is made available to the student. For information concerning insurance, consult the Principal of your local school.

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#### DOCTOR

In case of injury, I give my permission for the above named student to be sent to a doctor for treatment.

Signed: \_\_\_\_\_

Parent or Guardian

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#### PERMISSION TO PLAY AND TRANSPORTATION RELEASE

The above named student has my permission to participate in the After School Sports Athletics Program of the Odessa Public Schools, and go with the Coach or other representative of the school on any trips. I release the school from any responsibility from any injury that might occur.

Signed: \_\_\_\_\_

Parent or Guardian

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#### INSURANCE AND RELEASE

I have adequate insurance that covers athletic injuries through After School Sports and assume all responsibility for such injuries. I release the school from any responsibility from any injury that might occur.

Signed: \_\_\_\_\_

Parent or Guardian