

NH Thunder

Track and Field PERMISSION FORM 2017

PERMISSION AND VERIFICATION

I hereby give my son/daughter/ward permission to participate in NH Thunder and to go with the representative of NH Thunder on trips necessary as common. I understand that by their nature, competitive athletics may put students in situations in which serious, catastrophic, and, perhaps, fatal accidents may occur. In the event the above named student is injured, you are authorized to render first aid and/or secure medical treatment, including ambulance service if necessary.

My son/daughter/ward has medical and hospitalization policy with _____

Policy Number _____

Does your student have any health limitations known to you that might be aggravated by any competitive sports participation?

YES ___ NO _____ If YES, please explain _____

Is your student allergic to penicillin and/or tetanus toxoid? YES NO

Other allergies _____

INJURY

Both the parent (or guardian) and the student will affirm by signature that each understands the following statement regarding their ability in the event of student injury:

It is understood by the student and his/her parent/guardian that NH Thunder assumes no liability for injuries incurred in NH Thunder sponsored athletics. *Any student injury must be reported to the coach before leaving the place of meet or practice in order that proper report is completed.* All medical, hospital, ambulance or other such bills shall be charged to the parent/guardian and shall be considered the financial responsibility of such parent/guardian.

I agree to the conditions concerning injury (above), participation, and insurance.

As parent or guardian of _____ I signify that the above information is acceptable and give full permission for him/her to participate and travel with the team during the entire season.

Parent/Guardian Signature _____ Date _____

****You can make this program and other NH Thunder programs better by providing your active support. Please volunteer your time to help.

Experience is not necessary. This program is in need of parents who will be willing to measure, time, and supervise athletes in small groups.

- Yes I am able to help with the track program on Mondays and/or Thursdays.**

Name _____ Contact Email _____

- No I am unable to help with the track program on Mondays and/or Thursdays.**

