

Masters Regional Academy

*** Permission Form ***

SPORTS ACTIVITY (Please Check Accordingly)

FEE:

Soccer Basketball Baseball Softball Other _____
(Name of Sport)

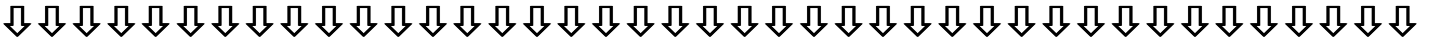
\$100.00 (Each Sport)

I/We the parent(s) or guardian(s) of _____ hereby give my/our authorization to his/her participation in any and all **Masters Regional Academy** activities. I/We assume all risks and hazards incidental to the conduct of the activities and transportation to and from the activities. I/We do further hereby release, absolve, indemnify and hold harmless Masters Regional Academy, its administrators, supervisors, teachers, organizers, volunteers appointed by them. In case of injury to my son/daughter, I/We hereby waive claims against the **Masters Regional Academy**, its administrators, supervisors, teachers, organizers, and volunteers appointed by them. I/We likewise release from responsibility or liability any person transporting my son/daughter to or from said activities. The undersigned specifically acknowledges that a risk of injury exists and assumes said risk with respect to participating in any activity sponsored by **Masters Regional Academy**.

PLEASE NOTE: Any Student Athlete requiring a Prescription Medication (i.e., EPIPEN/Inhaler) must **self-carry** any and all medications in his/her athletic bag. Coaches/Volunteers **will not** be responsible to transport any Student Athlete Prescription Medication to or from sporting activities.

X _____
Parent(s)/Guardian(s) Signature

X _____
Date



ATTENTION: In order to participate in Masters Regional Academy's Athletic Program, both of the Athlete and Parent(s)/Guardian(s) must acknowledge and agree with MRA's Athletic Handbook. (You may view or print the Athletic Handbook from our website at <http://www.mastersregional.org/newsevents/sports/> or from www.edline.net. A copy may also be obtained at the Front Office.)

WE HEREBY ACKNOWLEDGE AND AGREE WITH MRA'S ATHLETIC HANDBOOK:

X _____
Student Athlete Signature

X _____
Parent(s)/Guardian(s) Signature

*** Medical Personnel ***

In case of Medical Emergency all attempts will be made to contact the parents or guardians. If I/We cannot be contacted, I/We hereby consent and designate Masters Regional Academy Staff member present at event with my permission to make any decisions regarding medical treatment relating to injuries incurred on the said event.

X _____
Name of Health Insurance

X _____
Policy #

X _____
Parent(s)/Guardian(s) Signature

X _____
(1) Emergency Phone #

X _____
(2) Emergency Phone #