



SOUTHEASTERN REGIONAL HIGH SCHOOL

Department of Athletics

250 Foundry Street, South Easton, MA 02375 ♦ Telephone (508) 230-1279

www.sersd.org/StudentServices/Athletics

CONSENT TO PARTICIPATE, CONSENT TO TREATMENT, RELEASE OF LIABILITY AND INSURANCE INFORMATION

- I hereby approve and consent to the participation of my child in athletics at Southeastern Regional High School.

*****In the event of injury*** *** I realize that such activity and competition involves the potential for injury, which is inherent in all contact/non contact sports.*

- I hereby give consent for school personnel to have our child transported by ambulance to the nearest hospital, and that appropriate medical attention and treatment be given if I cannot be contacted in an emergency situation.
- I also realize that such activity and competition may provide opportunities for videotaping and public distribution of video images while participating.
- I hereby assume all risks and hazards incidental to my child's participation in athletics, including while in transit to and from any event associated with a team event. I hereby waive, release, absolve, indemnify and agree to hold harmless the Southeastern regional School District, its trustees, officers, administrators, and employees from any claim arising out of an injury to my child or damage caused by my child from any and all causes of action, obligations, lawsuits, charges, complaints, damages, costs, expenses, responsibilities of whatsoever kind, nature or description, whether direct or indirect, in law or in equity, in contract or in tort, from all claims or liabilities of any kind arising out of or connected with my child's attendance at these events.
- Your child will not be allowed to participate without submitting appropriate insurance information. Please fill in the spaces below, and accept, or decline the offer to purchase additional information through the school district.

We have the following medical insurance coverage: _____

Group Policy Number: _____

Subscriber Name: _____

- We Accept _____ Decline _____

the additional voluntary insurance offered by the Southeastern Regional School District. If accepted, please see the attached flyer for enrollment information.

I acknowledge that I have carefully read, accepted and agreed to the terms of this form, and understand their contents.

(Name of Student Athlete) printed

(Parent/Guardian Name) printed

Date

(Parent/Guardian Name) Signature

