



# WALTRIP RAMS

## FOOTBALL CAMP WAIVER

### PARENT OR GUARDIAN ATHLETIC PARTICIPATION CONSENT FORM

STUDENT'S NAME: \_\_\_\_\_ SCHOOL: \_\_\_\_\_

I hereby give my consent for the above-named student to participate in school athletics including various athletic practices, competitions and camps. I understand it is my responsibility to provide health insurance coverage for this student. I further understand WALTRIP HS/HISD is not liable for any injuries resulting from participation in school athletics. If in the judgment of any representative of the school, this student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any physician, trainer, nurse, hospital or school representative.

NAME OF PARENT OR GUARDIAN: \_\_\_\_\_

STREET ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

PERSON TO NOTIFY IN CASE OF EMERGENCY: \_\_\_\_\_

RELATIONSHIP TO ATHLETE: \_\_\_\_\_

EMERGENCY PHONE NUMBER: \_\_\_\_\_

I grant permission for my child to be photographed, videotaped, and/or interviewed for the use in district-provided, school and teacher websites, social media pages, publications, displays, newspapers or television broadcasts.

YES NO

SIGNATURE OF PARENT/GUARDIAN: \_\_\_\_\_ DATE: \_\_\_\_\_