

Athletic Emergency Card

Please Print

Name _____ Sport _____

Address _____

City _____ State _____ Zip _____

Birthdate ____/____/____ SS#____-____-____ Phone _____

Father's Name _____ Phone _____

Mother's Name _____ Phone _____

Name of Health Insurance _____

Policy # _____ Group # _____ Phone _____

Family Physician _____ Phone _____

Person to Contact in Case of Emergency:

1. _____ Phone _____

2. _____ Phone _____

Allergic reactions or other medical conditions: _____

After School Sports Liability Release

Before affixing a signature to this form, a parent should read this form.

1. Voluntary Participation

I, the undersigned, acknowledge that my son/daughter is voluntarily participating in the After School Sports Program sponsored by the Los Gatos-Saratoga Department of Community Education and Recreation for the students of the Cupertino Union School District.

2. Assumption of Risk

I am aware that after school sport activities are physically strenuous and hazardous activities and that no medical practitioner is on hand for the games. My son/daughter is voluntarily participating in these activities with my knowledge of the danger involved. I hereby agree to accept any and all risks of injury or death, and verify this statement by placing my signature below.

3. Release

As consideration for being permitted to participate in the After School Sports Program, I hereby agree that I, my assignees, heirs, distributes, guardians, and legal representatives will not make a claim against, sue, or attach the property of the Los Gatos-Saratoga Department of Community Education and Recreation, the Cupertino Union School District or their affiliates or the supplier of any of the equipment used in these activities for injury or damage resulting from the negligence, failure of care, omission of other acts, howsoever caused, by an employee, agent, or contractor of Los Gatos-Saratoga Department of Community Education and Recreation, the Cupertino Union School District or any affiliate as the result of or incidental to my child's participation in these activities. I hereby release, to the fullest extent permitted by law, the Los Gatos-Saratoga Department of Community Education and Recreation and the Cupertino Union School District and the affiliates, from any and all actions, claims, demands, or liabilities that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my son/daughter's participation in these activities irrespective of whether the same is based on breach of warranty, negligence, strict liability or any other theory of recovery.

4. Knowing and Voluntary Execution

I have carefully read this entire release of liability agreement and fully understand its contents. I am aware that this is a release of liability and a contract between myself and the Los Gatos-Saratoga Department of Community Education and Recreation, and sign it of my own free will. My signature will be required prior to my son/daughter's participation and will be required for every sport my child participates in.

5. Permission to Transport

My son/daughter has my permission to travel in private vehicles to all away after school sporting events.

ATHLETE'S NAME (FIRST/LAST) _____

PRINT NAME (PARENT/GUARDIAN) _____

SIGNATURE (PARENT/GUARDIAN) _____