

**NORFOLK COUNTY AGRICULTURAL HIGH SCHOOL  
400 MAIN STREET  
WALPOLE, MASSACHUSETTS**

**PARENTAL PERMISSION DOCUMENT  
FOR ATHLETICS**

I, the parent/guardian of \_\_\_\_\_ a student at  
Norfolk County Agricultural High School, would like to give our child the opportunity to participate in the  
\_\_\_\_\_ program that is being sponsored and conducted for the benefit, education  
(Name of Sport)

and enjoyment of students at the NCAHS for the (please circle) FALL WINTER SPRING Season.

We realize that our student's participation in this sport may involve some risk of personal injury to our child and damage to our property and therefore, we, on behalf of the student and ourselves, hereby release the Norfolk County Agricultural High School Board of Trustees, its employees, agents, (including chaperones) and contractors from any and all claims and legal actions for any personal injury to our student and for any loss to us that results from our student's participation in this sport.

We the undersigned father and mother or guardian of \_\_\_\_\_, a minor, do hereby consent to his/her participation in this sport and do forever RELEASE, acquit, discharge and covenant to hold harmless the Norfolk County Agricultural High School, a municipal corporation of the State of Massachusetts, and its successors, departments, officers, employees, servants, Board of Trustees, agents and chaperones of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to result from his/her participation in the sport. FURTHERMORE, we/I hereby agree to protect the Norfolk County Agricultural High School and its successors, departments, officers, employees, servants, board of Trustees, agents and chaperones against any claims for damages, compensation or otherwise on the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the sport and to INDEMNIFY, reimburse or make good to the Norfolk County Agricultural High School or its successors, departments, officers, employees, servants, board of Trustees, agents and chaperones any loss of damages or costs, including attorney's fees, the town or its representatives may have to pay if any litigation arises from said minor's intentional, grossly negligent or reckless acts or omissions while participating in said sport.

Parent(s)/Guardian(s) Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Student: \_\_\_\_\_ Date: \_\_\_\_\_

**PARENTAL PERMISSION SLIP FOR ATHLETICS**

NAME OF MEDICAL INSURANCE COMPANY: \_\_\_\_\_

MEDICAL INSURANCE ID OR ACCOUNT #: \_\_\_\_\_

NAME OF SUBSCRIBER: \_\_\_\_\_

Check this line if there is no medical insurance: \_\_\_\_\_

We understand that this is a supervised school sport, and that group standards of conduct must be observed. We will instruct our child to comply at all times with the Norfolk County Agricultural High School's rules, standards and instructions for the student behavior. We agree that the Norfolk County Agricultural High School, its employees and agents, shall have the right to enforce appropriate standards of conduct, and that they may at any time terminate our student's participation in this sport for failure to behave according to these standards or for any actions or conduct which they consider to be incompatible with the interests, comfort and welfare of other students in the sport or its supervisors.

Our signatures below indicate that we/I have read and freely signed this agreement.

**IMPORTANT – READ ENTIRE AGREEMENT BEFORE SIGNING**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NORFOLK COUNTY AGRICULTURAL HIGH SCHOOL  
ATHLETIC DEPARTMENT**

**EMERGENCY CONTACT INFORMATION**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell : (\_\_\_\_)\_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_)\_\_\_\_\_

Please list TWO people (other than those listed above) the school can contact in cases of emergency should a parent or guardian not be available.

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

Home Phone: (\_\_\_\_)\_\_\_\_\_ Work Phone: (\_\_\_\_)\_\_\_\_\_ Cell: (\_\_\_\_)\_\_\_\_\_

In the event parents/guardians, physicians, or other persons named on this form cannot be contacted school officials are hereby authorized to take whatever action is deemed necessary in their judgment, the health of my son/daughter and all costs will be the responsibility of the parents/guardians.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_