

New Tech High School

Recreational Sport Registration Form

Acknowledgment, Waiver & Insurance Information

We/I the parent(s)/guardian(s) of _____, a participant in The @ Battle at New Tech High @ Coppell, recognize(s) and acknowledge(s) that there are risks of physical injury including serious personal injury, paralysis, death, damages, medical care expenses, or loss which may be sustained as a result of participating in any or all such activities connected with or associated with this activity. Our/my son/daughter is permitted to participate in all such activities.

We/I understand that the School District does not provide health/accident insurance for participants in such programs. We/I as the parent(s)/guardian(s) understand that we/I may become responsible for the payment of medical expenses for the care and treatment, including continuing care and treatment, of our/my son/daughter as a result of a personal injury or other loss of any type incurred during participation in the @ Battle. We/I hereby waive all claims against New Tech High @ Coppell and CISD, including but not limited to medical expenses, personal expenses or other loss or damage, we may have/or incur as a result of our son/daughter's participation in any activity on CISD campuses and release and discharge said School District including its board members, administrators, officers, agents, servants and employees of and from any such expenses.

(signature of parent/guardian) (date) (printed name of parent/guardian) (date)

Please print the following information:

Participant Name _____ ID # _____ Birth date _____

Address _____ Town/Zip _____

Home Phone _____

Name and phone number of person to contact if parent cannot be reached:

Name _____ Phone _____

