



Permission & Release Form 20____ - ____ (school year)

This form must be completed by all members and guests to participate in any activity

I, the undersigned parent/guardian, do hereby grant permission for my child(ren) listed below to participate in CHET-SE Activities. In order that my child may receive the proper medical treatment in the event that he/she may sustain injury or illness during any CHET-SE activity, I hereby authorize a supervising adult to obtain or provide medical treatment for my son/daughter for such injury or illness during the CHET-SE activity, and I hereby hold CHET-SE, as well as its representatives, harmless in the exercise of this authority. I hereby release from any liability CHET-SE and all adult supervisors and class helpers in the event of any accident en route or during activities. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my son/daughter for physical illness or injury that he/she may sustain during any CHET-SE activity.

I also understand the P.E. Program includes activities such as running, jumping, stretching, and other physical exertion to benefit the students. Understanding that there is always a possibility that my son/daughter may sustain physical illness or injury, I acknowledge and understand that my son/daughter is assuming the risk of injury or illness by his/her participation, and I further release CHET-SE and its representatives from any claims for personal illness or injury that my son or daughter may sustain during P.E. activities. I am aware that if my child has a medical condition that prevents or prohibits him/her from participation in any P.E. activity (i.e. running, jumping, stretching) I must notify the P.E. Coach on the day of participation.

Name of Child(ren)	Age	DOB
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

My child has a medical issue (child's name & details) _____

Parent/Guardian _____
(Please print) Last Name, First Name Home Phone Cell Phone

Emergency Contact (if parent/guardian is not available): relationship to child _____

_____ Home Phone Cell Phone

Signature of Parent/Guardian Date