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STUDENT

Student	Phone	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Email	Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

TRIP DESCRIPTION

Activity Participating In	Trip dates	Location Traveling From	Location of Activity
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

PARENTS / GUARDIANS

Parent/Guardian (s)	Home Phone	Work / Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian	Home Phone	Work / Cell Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

SCHOOL

School	Principal	School Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>
Advisor	Email	Home Phone / Cell
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in Alaska Association of Student Governments (AASG) as a representative of his/her school. I also give my consent for the the above named student to accompany the group as a member on out-of-town trips.

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

CONSENT FOR EMERGENCY MEDICAL TREATMENT

I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or AASG or ASAA, their respective officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: Native Services Military Private Insurance Carrier
 Denali KidCare None. I will assume financial responsibilities for injuries.

Name of Insurer: _____ Policy Number: _____ Phone of Insurer: _____

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

WAIVER OF LIABILITY (INSURANCE COVERAGE)

I understand that ASAA and AASG do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF ASAA OR AASG, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT

Emergency Contact's Name	Relationship to Student	Phone
<input type="text"/>	<input type="text"/>	<input type="text"/>

ALASKA ASSOCIATION OF STUDENT GOVERNMENTS: Executive Director, Denise Greene-Wilkinson, dgwk12@gmail.com
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