

PARENT/GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

STUDENT

Student Last Name	Student First Name	MI	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Phone	Email
<input type="text"/>	<input type="text"/>

School

PARENT/GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>

Address	City	Zipcode
<input type="text"/>	<input type="text"/>	<input type="text"/>

Primary Phone	Secondary Phone
<input type="text"/>	<input type="text"/>

Email

CONSENT FOR PARTICIPATION AND PHOTO/VIDEO RELEASE

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I give my consent for the the above named student to accompany the group as a member on out-of-town trips.

I hereby grant to the ASAA the right to record, as it relates to participation in an ASAA activity, the image and/or voice and use the artwork and/or written work of myself and/or my child on videotape, on film, on photographs, in digital media and in any other form of electronic or print medium and to edit such recording at their discretion. I further grant the right to use, and to allow others to use, my and/or my child's image, voice, artwork, and/or written work on the internet, television, in brochures, and in any other electronic or print medium.

I hereby release the ASAA and their successors using my and/or my child's image and/or voice, artwork, and/or written work pursuant to this media release from any and all claims, damages, liabilities, costs and expenses which I and/or my child now have or may hereafter have by reason of any use thereof. I understand this release means that I and/or my child are to receive no compensation with respect to the use described above. I also hereby relinquish any right that I or my child may have to examine or approve any completed media product that may be used by the ASAA.

Parent/Guardian name (please print)	Parent/Guardian signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>

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Continuation

INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) 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 THE BOARD OF EDUCATION OR ASAA, 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.

HEALTH CONDITIONS

For the welfare of the above named student, it would helpful to know if they have any of the following medical conditions (not required):

- | | |
|-----------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Allergies (explain): _____ | <input type="checkbox"/> Prosthetic |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure Disorder |
| <input type="checkbox"/> Cardiac Condition | <input type="checkbox"/> Other (explain): _____ |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> None |

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to medical examination, emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, nurse practitioner, PA, athletic trainer, certified community health aid, 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 ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: Native Health Service Private Insurance Carrier
 Military I assume financial responsibilities for injuries.

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

Parent/Guardian name (please print) _____	Parent/Guardian signature _____	Date ____/____/____
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Parent/Guardian phone number _____	Parent/Guardian emergency phone number _____
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Personal Physicians Name _____	Personal Physicians phone number _____
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