



**Fauquier County Public Schools  
Middle School Intramural and Activities  
Program Registration/Permission/Waiver**

School:	_____
Session:	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
Program:	_____

Student Name \_\_\_\_\_  Male or  Female Grade \_\_\_\_\_

Parent/Guardian \_\_\_\_\_ Student date of birth/age \_\_\_\_\_

Address \_\_\_\_\_ City, State \_\_\_\_\_ Zip \_\_\_\_\_

Day Phone \_\_\_\_\_ Cell/Other Phone \_\_\_\_\_

- I (parent/guardian) give my child \_\_\_\_\_ permission to participate in the Fauquier County Middle School Intramural Program.
- I/we, intending to be legally bound, hereby for myself and on behalf of my minor child, my heirs, executors and administrators waive and release the Fauquier County Public School Division, and its officers, agents, employees, board members and representatives from any and all claims, demands or damages which may be sustained and suffered by my student(s) in connection with my/our association with or entry into this intramural program. By signing this form, I understand and accept the conditions set forth.
- If any injury should occur through participating an intramural program, I/we agree to pay all costs, present and future, through my/our medical insurance policy and/or personal finances. Fauquier County Public Schools will not be held financially responsible for the emergency treatment and/or transport of my child if such an occasion should arise. In the event reasonable attempts to contact me/us \_\_\_\_\_ parent(s)/guardian are unsuccessful, I (We) the undersigned parent/legal guardian of \_\_\_\_\_, do authorize any hospital, clinic, or licensed physician to treat my/our child and administer any x-ray examination, anesthetic, or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff of the hospital, clinic, or office. It is understood that every effort shall be made to contact the parent/legal guardian prior to rendering treatment to the patient, but that treatment will not be withheld if the parent/legal guardian cannot be contacted.
- Permission is also granted for the Fauquier County Public school personnel or staff on hand, to provide emergency treatment to my/our child prior to his/her admission to any medical facility. This authorization also includes authority to release the pertinent medical records needed.
- As parent/legal guardian I/we agree to be responsible for the care and safe return of all equipment or property. I/We agree to replace all equipment or property or lost by our son/daughter while in their possession or under their responsibility.
- My son/daughter and I/we have read and reviewed the Middle School Intramural Handbook and understand the philosophy, rules and guidelines within the handbook. We (parents and children) will support these philosophies, rules and guidelines in spirit, attitude and action.

**A current physical is highly recommended for students participating in athletic programs.**

Please check one of the following:

- The above student has a current physical.       I have chosen not to get a current physical for the above student

\_\_\_\_\_  
SIGNATURE OF ABOVE STUDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE OF PARENT/GUARDIAN

\_\_\_\_\_  
DATE

**THIS SECTION FOR INTRAMURAL COORDINATOR. PLEASE DO NOT WRITE IN THIS SPACE.**

Amount Remitted \$ \_\_\_\_\_ Cash \_\_\_\_\_ or Check # \_\_\_\_\_

Receipt issued:  Yes or  No