

# 2019 XC SUMMER SPORTS WAIVER

## MEDICAL TREATMENT AUTHORIZATION

Sport: \_\_\_\_\_ Name of Student: \_\_\_\_\_

has my permission to participate in Glendora Community Sports Camp. I authorize a representative of Glendora Community Sports Camp to authorize treatment of my son/daughter by a medical doctor in case of an emergency when I cannot be reached.

Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

## MANDATORY HEALTH/ACCIDENT INSURANCE

Name of Insurance Co.: \_\_\_\_\_

**Place Copy of Insurance Card**

**HERE**

## PARENTAL CONSENT/WAIVER

I hereby authorize my child to attend the Glendora Community Summer Sports Camps and to act for me according to their best judgment. I also hereby waive and release Glendora High School and/or Glendora Unified School District from any liability that may be incurred while at the school. I know of no mental or physical problems, which might affect my child's ability to safely participate in the camp. I will be responsible for any medical or physical emergency in connection to his/her participation in camp. I further understand that the registrations fees are not refundable.

By signing below, I am verifying that I understand that the Glendora Community Summer Sports Camps are activities separate and distinct from the Glendora Unified School District. The Glendora Community Summer Sports Camps are offered by the Director of each individual sports camp, not the School District. I agree to indemnify and hold harmless the Glendora Unified School District, its officers, agents and employees against any and all loss, damage and/or liability that may be suffered or incurred while my child is participating in the Glendora Community Summer Sports Camps.

Parent/Guardian (print name)

Parent/Guardian Signature

Date