

BRET HARTE MIDDLE SCHOOL
AFTER SCHOOL ACTIVITY – REGISTRATION – FEE BASED PROGRAM

FEE Activity _____

Student Name _____ DOB _____ Male/Female _____ Grade _____

Address _____ City _____ Zip _____

CONTACT INFORMATION

	Home Telephone	Cell Phone	Work Phone
Mother			
Father			
Other			

PARENT OR GUARDIAN RELEASE OF LIABILITY

I hereby agree to indemnify and hold harmless San Jose Unified School District and its employees, coaches, volunteers, and all other co-sponsors, and their officers and employees, from and against any and all loss, liability or damage arising from or because of or in connection with participation of my child in said activities. I hereby give permission for the above named student to participate in the above sports club and all related activities.

INSURANCE INFORMATION - This will verify that we have insurance coverage for interscholastic activities during the current school year.

Medical Insurance Carrier _____ Policy Number _____

Name of Physician _____ Telephone Number _____

Address _____

Preferred Hospital _____

Other Emergency Information _____

PARENTAL MEDICAL TREATMENT AUTHORIZATION

In the event of injury or illness to my/our child, _____, I/We hereby grant authority to a qualified physician to render such medical treatment as said physician deems necessary under the circumstances.

Legal authorization and consent for all above items _____

Parent/Guardian Signature

Date