

**San Mateo - Foster City School District
Abbott Middle School
2018-2019 School Year
After School Sports Consent & Release / Emergency Form**

I recognize that my child's participation in extracurricular activities sponsored by the school is voluntary. In signing this consent to participate and waiver of responsibility, I recognize that participation in the after school sports and/or activity program can lead to injury. I hereby waive any and all claims against the San Mateo – Foster City School District for any injury or accident occurring during or by reason of my child's participation in such activities. I agree to indemnify and hold harmless the San Mateo – Foster City School District, its officers, agents, employees, and any volunteers from and against all injuries and damages including legal expenses and attorney fees of whatever nature arising out of participation in these activities except those accidents or injuries caused by the negligence of the District as established in a court of law.

Student Name:

Father/Guardian Name:

Fathers E-mail Address:

Home Phone:

Work/Cell Phone:

Mother/Guardian Name:

Mothers E-mail Address

Home Phone:

Work/Cell Phone:

Street Address:

Zip Code:

List any allergies and/or medical conditions needed to be aware of:

**In the event of an emergency where the parent/guardians above cannot be reached
please contact one of the two emergency contacts below:**

PRIMARY EMERGENCY CONTACT

Name:

Relationship:

Home Phone:

Work/Cell Phone:

SECONDARY EMERGENCY CONTACT

Name:

Relationship:

Home Phone:

Work/Cell Phone:

Parent/Guardian Signature: _____ Date: _____