

**San Mateo - Foster City School District Bayside
STEM Academy 2016-2017 School Year After
School Sports/Activity Program
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: _____

Student Street Address: _____ Zip Code: _____

List Any Allergies/Medical Conditions: _____

In the event we cannot be reached in case of emergency, please contact the following individual:

PRIMARY EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

SECONDARY EMERGENCY CONTACT:

Name: _____ Relationship: _____

Home/Work Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ **Date:** _____