

DOVER-SHERBORN REGIONAL SCHOOL DISTRICT ATHLETIC PROGRAM
CONSENT AND RELEASE FORM

I, the undersigned Parent/Guardian of

NAME OF STUDENT

("my child"), a minor, do hereby consent to my child's participation in voluntary athletic programs of the Dover-Sherborn Regional School District.

I also agree to forever release the Dover-Sherborn Regional School District, the Regional School Committee, and all their employees, agents, board members, volunteers and any and all individuals and organizations assisting or participating in voluntary athletic programs of the Dover-Sherborn Regional Schools ("the Releasees") from any and all claims, rights of action and causes of action that may have arisen in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Dover-Sherborn Regional School District's voluntary athletic programs.

I promise to indemnify, defend, and hold harmless the Releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Dover-Sherborn Regional School District's voluntary athletic programs.

I further affirm that I have read this Consent and Release Form and that I understand the contents of this Form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this Form, I affirm that I have decided to allow my child to participate in the Dover-Sherborn Regional School District's athletic programs with full knowledge that the Releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Dover-Sherborn Regional School athletic programs.

Date: _____ **Signed:** _____

PARENT/GUARDIAN OF: _____

Misc.

DOVER-SHERBORN REGIONAL HIGH SCHOOL
STUDENT REGISTRATION OF PERMISSION AND ELIGIBILITY INFORMATION

Please Print:

LAST Name: _____ **FIRST Name:** _____ **Grade:** _____

Address _____ Town _____ Date of Birth _____

Student/Athlete Email: _____

Home Telephone _____ Parent Email: _____

Father's Work #: _____ Mother's Work #: _____

Cell # _____ Cell # _____

Other Emergency number & Name of Person: _____

NAME THE SPORT

Fall Sport _____ **Winter Sport** _____ **Spring Sport** _____

HANDBOOK & EQUIPMENT AGREEMENT

We have received a copy of the Dover-Sherborn Athletic Handbook. We accept responsibility for reading all regulations and policies regarding interscholastic sports. To the best of our knowledge, the above named student is eligible to compete for Dover-Sherborn Regional High School. We take the responsibility for all athletic equipment/uniform issued and for the return of this equipment/uniform at the close of each season.

Parent/Guardian Signature

Student's Signature

STUDENT/ATHLETE PHYSICALS
Physicals are good for one calendar year.

PHYSICAL DATE: _____ Allergies, contact lens, other medical data: _____

PARENTAL PERMISSION

This is to certify that _____ has my permission to participate for Dover-Sherborn Regional High School interscholastic competition for the school year 200__ - 200__. I consent to the dissemination of information to necessary authorized personnel and also authorized emergency medical treatment to be given to my son/daughter in the event of injury.

PARENT/GUARDIAN SIGNATURE _____ **Date** _____

Dr.'s Name: _____ Dr.'s Phone #: _____