

By placing a check in the box, I have read, understood and accepted the information.

CMS Medical Consent / Acknowledgment of Injury / Transportation Waiver

AUTHORIZATION FOR MEDICAL SERVICES

I/We request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event I/we cannot be reached, I/we, parent(s)/guardian(s) hereby designate the Athletic Director, Team coach, Athletic Trainer or his/her designee to act in my/our behalf to authorize such hospitalization, medical attention, and surgery as may be required in an emergency because of illness or injuries sustained by my/our child/ward while participating in school athletics. In the event I/we cannot be reached, and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician and/or medical personnel acting in the best interest of my/our child/ward. I/We hereby assume financial responsibility for hospitalization, medical attention, and surgery provided.

ACKNOWLEDGEMENT OF INJURY RISKS

I/We hereby waive any claims or causes of action against the Carlsbad Municipal School District No. 20, which may arise by reasons of injuries to our child because of such participation and agree that said school district is released, and forever acquitted from all and any claims of liability to me/us or our child/ward, or both, for injuries sustained by our child because of such participation, excepting any claim for injury which may arise as the sole result of negligence on the part of said school district. I/We further agree to hold harmless and to indemnify said School District of and from any and all actions, causes of action, claims liabilities, costs and expenses, including attorney fees, on account which may arise as the sole result of negligence on the part of said School District.

TRANSPORTATION WAIVER

Conditions may warrant that some athletes must practice at facilities away from their school building. Under these conditions, I understand that my son/daughter will be responsible for transportation to and from these facilities. I also waive any and all claims which I may have by reason of any injury or injuries sustained by my son/daughter while traveling to or from these facilities.

Furthermore, I hereby give my consent for the student/athlete to participate in sports and extracurricular activities with Carlsbad Municipal Schools, and travel with the coach or other representative of the school on any trips.

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