

School Waiver Form

Extracurricular Activities

The St. Tammany Parish School Board, its employees, agents and insurers have no liability, and accept no liability for injuries or accidents occurring to students during their participation in interscholastic athletics or sports and related extracurricular teams or activities. The student and parent(s)/guardian(s) assume any and all risks, including without limitation risk of injury and risk of incurring medical expenses associated with the participation by the student.

****Complete every item below****

Student's Name: _____ **Sport:** _____

Sex: M F **School:** _____ **Grade:** _____

Age: _____ **Date of Birth:** ____/____/____

Parent's/Guardian's Name: _____

Home Address: _____ **Home Phone Number:** _____

Work Phone Number: _____ **Cell Phone Number:** _____

2nd Person to Contact: _____ **Relationship to student:** _____

2nd Contact Phone Number: _____

Insurance Company: _____

Policy Number and/or Group Numbers: _____

ALLERGIES: _____

Parent's/Guardian's signature: _____

Date: _____

IMPORTANT - It is the policy of St. Tammany Parish School Board that ALL athletes participating in our school sports programs MUST HAVE EITHER MEDICAL OR ACCIDENT INSURANCE IN ORDER TO PARTICIPATE. Please be sure to provide that information on this form. This information also becomes important in case of injury or illness and we are unable to immediately contact parent/guardian.