

**MIRALESTE INTERMEDIATE SCHOOL BOOSTER CLUB EMERGENCY/PERMISSION FORM**

**Sport/Club/Activity you are signing up for:** \_\_\_\_\_

Email: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Printed name of parent or guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Emergency information (please print information for two contact people)**

1. Name \_\_\_\_\_ relationship \_\_\_\_\_ phone: \_\_\_\_\_
2. Name \_\_\_\_\_ relationship \_\_\_\_\_ phone: \_\_\_\_\_

**MEDICAL CONTACTS**

Doctor \_\_\_\_\_ Dentist \_\_\_\_\_ Hospital \_\_\_\_\_

Phone: \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Does student wear contacts? \_\_\_\_\_

Allergies or special medical information \_\_\_\_\_

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In the event that the parent/guardian cannot be reached, permission is hereby given for the physicians, dentists and/or hospital designated above to provide medical care for my child should serious illness or injury occur during any Booster Club activity.

Parent /Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Mothers Name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

Fathers Name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

Students name \_\_\_\_\_ Address \_\_\_\_\_ phone \_\_\_\_\_

My child is insured through Myers & Stevens Student Accident & Health Insurance Plans (available for purchase)

NO [ ] YES [ ] Date Purchased \_\_\_\_\_

My child is insured through my own personal insurance company

NO [ ] YES [ ] Name of insurance Company \_\_\_\_\_

The Miraleste Intermediate School Booster Club works hard to insure the safest experience for all participants, but insuring absolute safety is not possible. Be aware that there are risks and hazards, minor and serious injuries, associated with participation in intermural and intramural sports (athletic/recreation) activities. Participants and their parents voluntarily assume all responsibility and risk of loss, damage, illness, and/or injury to person or property associated with participation in sports activities. The MIS Booster club, its officers, and instructors are not responsible for any loss, damage, illness, or injury to persons or property arising out of or relating to participation in club or sports activities, including the use of intermural and intramural facilities and equipment. The MIS Booster Club does not provide medical, health, or other insurance for sports participants. Purchasing adequate health/medical insurance prior to participation is strongly recommended.

**I have read and understood this Health/Safety Message in its entirety.**

Parent/Guardian Signature \_\_\_\_\_ DATE \_\_\_\_\_

**MIRALESTE INTERMEDIATE SCHOOL BOOSTER CLUB  
WAIVER, RELEASE AND INDEMNITY AGREEMENT  
ASSUMPTION OF RISK FOR PARTICIPATION IN A VOLUNTARY ACTIVITY/PROGRAM**

Student's Name: \_\_\_\_\_ School \_\_\_\_\_ MIS \_\_\_\_\_

Description of Activity/Program: \_\_\_\_\_

By my signature below, I hereby give permission for my son/daughter to participate in the above-described activity. **I realize that this activity is voluntary and is not a mandated requirement of the Miraleste curriculum or extracurricular program. I further acknowledge that no supervision is being provided by the District and that the District assumes no responsibility for any transportation arrangements.** The undersigned is specifically aware, and confirms by executing this document that they are aware that participation in such an activity presents a risk of personal injury, bodily injury, property damage or wrongful death, and that the undersigned's child may injure himself or herself, or be injured by other participants related to the activity. The undersigned is aware and acknowledges being aware of the risk that he or she may be hurt or injured by participating in any aspect of this activity.

For and in consideration of permitting the above named child to participate in the activity described above, the undersigned hereby voluntarily releases, discharges, waives and relinquishes any and all actions or causes of action for personal injury, bodily injury, property damage or wrongful death occurring to him/herself arising in any way whatsoever as a result of engaging in said activity or any activities incidental thereto wherever or however the same may occur and for whatever period said activities may continue. The undersigned does for him/herself, his/her heirs, executors, administrators and assigns hereby release, waive discharge and relinquish any action or causes of action, aforesaid, which may hereafter arise for him/herself and for his/her estate, and agrees that under no circumstances will he/she or his/her heirs, executors, administrators and assigns prosecute, present any claim for personal injury, bodily injury, property damage or wrongful death against the Palos Verdes Peninsula Unified School District, its Board, or any of its officers, agents, servants, or employees for any of said causes of action. The foregoing wavier does not apply in the event of the sole negligence or willful misconduct of the District.

**The undersigned hereby acknowledges that he/she knowingly and voluntarily assumes all risks of bodily injury to his/her child, as stated, and expressly acknowledges their intention, by executing this instrument, to exempt and relieve the PVPUSD, MIS Booster Club, its board, officers, agents, and employees, from any liability for personal injury, bodily injury, property damage or wrongful death that may arise out of or in any way be connected with the above-described activity. I have read the foregoing and have voluntarily signed this agreement. I am aware of the potential risks involved in this activity and I am fully aware of the legal consequences of signing this instrument. I further acknowledge that the District does not provide medical coverage for participants in this activity.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Student's Signature \_\_\_\_\_

Parent/Guardian Name (Please Print) \_\_\_\_\_

Student's Name (Please Print) \_\_\_\_\_

Street Address City State Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ Work Telephone Number \_\_\_\_\_