

**CB South Cheer Clinic Waiver
Central Bucks School District**

Student Last Name _____ **First Name** _____ **Middle Initial** _____

Age _____ Date of Birth _____ Sex: _____ Male _____ Female _____

PARENT CONSENT CERTIFICATE

To be eligible for participation in CB South Cheer Clinic this waiver must be on file with the Community School and this certificate of consent signed by a parent or guardian.

" I give my consent for the above named child to take part in CB South Cheer Clinic".

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE

The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the parents or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, the parents do hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

A physical must be on file in either the School Districts Nurses office that is dated no later than two years from the beginning of the clinic. If Physical is out of date then a current physical must be submitted to the sponsor of the sports camp.

Does child have any significant health problems? _____ If yes please explain _____

Typed or Printed Name of Parent or Guardian _____

Signature of Parent that a current physical is on file or has been presented _____

Signature of Parent or Guardian _____

Address _____ Phone _____

Date _____

Central Bucks School District

STATEMENT REGARDING ACCIDENT INSURANCE WAIVER

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School **DO NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assumes **NO LIABILITY** for injuries sustained from participation. We/I, the undersigned, further acknowledge and agree that neither the School District, the Community School, will assume any liability for any injuries sustained by participation in the program. We herein release the School District, the Community School, its agents, representatives, employees and the like from any and all liability related to the participation in the programs offered by the School District and Community School.

Parent or Guardian Signature _____

Relationship to child _____
Rev 2011