



**HUNTER'S LEGACY 2020  
ACTIVITY PARENT PERMISSION  
AND MEDICAL FORM**



STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

TEAM NAME: \_\_\_\_\_

Activity: **Hunter's Legacy Basketball Tournament – This fundraiser will support families in our community who are battling childhood cancer.**

Date and Time of Event: **Friday, February 28, 2020 6 p.m.**

Fee Required: **\$10.00** per player

Fee and this Completed Form are due to **DANI VARELA, ATTENDANCE OFFICE by Tuesday, February 25, 2020**

- I HEREBY GIVE MY PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN THIS SCHOOL ACTIVITY. Student Name
- I DO NOT GIVE MY PERMISSION FOR \_\_\_\_\_ TO PARTICIPATE IN THIS SCHOOL ACTIVITY. Student Name

\_\_\_\_\_  
PRINT Parent / Guardian Name

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

\_\_\_\_\_  
Date

**STUDENT MEDICAL INFORMATION**

I recognize and acknowledge that there are certain risks of physical injury to participants in this activity, and I voluntarily agree to assume the full risk of any injuries, damages, or loss, regardless of the activity, that my minor child/ward may sustain as a result of participating in any and all activities connected with or associated with this activity. I further agree to waive and relinquish all claims my minor child/ward or I may have (or accrue to me or my child/ward) as a result of participating in this activity against the Elizabeth High School, Elizabeth School District, including its officials, volunteers, employees, and sponsors.

I hereby give my consent for medical/dental treatment and/or transportation to a hospital as deemed necessary by the school representative and/or the attending medical personnel for any illness or injury acquired while on this school activity. I understand that this authorization will only be enforced if I cannot be contacted personally.

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

\_\_\_\_\_  
Date