

THATCHER UNIFIED SCHOOLS – SCHOOL YEAR 20__ - 20__

NAME _____ DATE OF BIRTH _____ GRADE _____
HOME PHONE NUMBER _____

Work number of parent during day: Father _____ Mother _____
Cell phone number or parent: Father _____ Mother _____

IF THERE IS AN EMERGENCY AND PARENTS CANNOT BE CONTACTED, NOTIFY:

_____ AT _____
NAME TELEPHONE NUMBER

ARIZONA INTERSCHOLASTIC ASSOCIATION ELIGIBILITY CARD/PARENT CONSENT

I/We give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions these injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death.

WE ACKNOWLEDGE THAT WE HAVE READ AND UNDERSTAND THIS WARNING.

PLAYER PARENT

EXTRA CURRICULAR ACTIVITIES INSURANCE

I certify we have medical and hospital insurance to cover the above named student. The name of our Insurance Company is as follows:

NAME OF COMPANY _____ POLICY # _____

ADDRESS OF COMPANY _____ GROUP # _____

SIGNATURE OF PARENT _____ DATE _____

I do not have medical and hospital insurance to cover the above named student. (This should be completed ONLY if the preceding section was not completed).

FOR OFFICE USE ONLY: Receipt # _____ Date paid _____

CONSENT FOR EMERGENCY CARE

STUDENT NAME _____

BE IT KNOWN that I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital my consent and authorization to render such aid, treatment or care to said student as in the judgment of said doctor or hospital may be required, or an emergency basis, in the event said student should be injured or stricken ill while participating in an interscholastic activity, sponsored or sanctioned by Arizona Interscholastic Association, Inc. of which THATCHER SCHOOLS is a member.

It is hereby understood that the consent and authorization hereby given and granted and continuing, and are intended by me to extend throughout the current school year.

DATED THE _____ DAY OF _____, _____, at Thatcher, Arizona



MISSION

To provide an appropriate and outstanding educational experience for every student served.

DISTRICT ADMINISTRATION

3490 W. Main Street
Phone: (928) 348-7200
Fax: (928) 348-7220

Set to SOAR

JACK DALEY PRIMARY SCHOOL

3615 W. Second Street
Phone: (928) 348-7240
Fax: (928) 348-7243

Champions for Children

THATCHER ELEMENTARY SCHOOL

1386 N. Fourth Avenue
Phone: (928) 348-7250
Fax: (928) 348-7253

Nurturing Success

THATCHER MIDDLE SCHOOL

1130 N. Fourth Avenue
Phone: (928) 348-7260
Fax: (928) 348-7263

A great place for kids to learn!

THATCHER HIGH SCHOOL

601 N. Third Avenue
Phone: (928) 348-7270
Fax: (928) 348-7273

***Building on Traditions,
Creating Excellence***

**THATCHER UNIFIED SCHOOL DISTRICT #4
PARTICIPATION IN SPORTS AND ATHLETIC EVENTS 2020
WAIVER, RELEASE, AND ASSUPMPTION OF RISK FORM**

On behalf of myself, my household members, and my minor child, _____, I hereby give permission for my child to participate in the following sports program and/or athletic events: _____ (collectively "Sports Program") at THATCHER HIGH SCHOOL. My child and I are familiar with, and knowingly and voluntarily accept, any and all risks associated with participation in the Sports Program at THATCHER HIGH SCHOOL. I acknowledge that my child's participation in this program is wholly voluntary and is not part of any regular school curriculum.

I specifically assume all risks and hazards associated with my child's participation in the Sports Program including, but not limited to, the risks associated with the novel COVID-19 virus. I understand that my child will be associating with staff and other children and may contract COVID-19, and other viruses and diseases, through my child's participation in the Sports Program. Although the children and staff may have their temperatures taken prior to participating, that precaution is not nearly adequate to prevent the spread of COVID-19 given, among other things, the relatively long incubation period, and the fact that many infected persons are asymptomatic. I understand and voluntarily assume the risk that my child may acquire COVID-19, and that COVID-19 may subsequently be transmitted from my child to me, my family, and members of my household.

While instruction and reasonable supervision will be provided, staff cannot ensure my child's safety. Accidents and injuries happen, and it is impossible to eliminate the risk that my child will suffer an injury or illness.

I certify that my child is in good health, has no fever, and has no current issues that make it unsafe for my child to participate in the Sports Program, which may not have a medical professional on staff. I will notify the school and not send my child to the Sports Program if my child develops a fever or illness or tests positive for COVID-19. I acknowledge that my child and I are responsible for ensuring that he or she takes any necessary medication, and for avoiding any allergies. In the event of a medical emergency, 911 will be called and I will be responsible for any and all costs of medical treatment.

To the fullest extent permitted by law, I hereby agree to waive, release, and discharge any and all claims, causes of action, damages, and rights of any kind against the school, the school district, its insurers, the district's governing board, and all of their respective employees, agents, representatives, and volunteers (the "Released Parties") arising from or relating in any way to any damage, injury, trauma, illness, loss, unwanted contact, harassment, disability, dismemberment, or death that may occur to my child, me, or my household members—whatever the cause—due to my child's participation in the Sports Program. This includes, without limitation, any claim arising from the negligence of the Released Parties.

I further agree not to sue the Released Parties, and to defend and indemnify the Released Parties for all claims, damages, losses, or expenses, including attorneys' fees, if a suit is filed concerning an injury, illness, or death to me, my child, or my household members resulting from participation in the Sports Program.

Parent/Guardian Name (Printed)

Parent/Guardian Signature

_____ Date: _____

**THATCHER MIDDLE SCHOOL
FIELD TRIP PERMISSION SLIP**

I/WE _____

parents/guardians of _____ hereby grant
permission to Thatcher Unified School District to allow my/our child to participate
in school-sponsored excursions for the current school year under the supervision of
School District personnel, under the following conditions: (check one/or more)

_____ Permission is granted if school vehicles are used for
transportation.

_____ Permission is granted when students walk from their school
to the site of the field trip.

This permission slip is valid until the conclusion of the current school year.

Signature _____ Date _____

Please list any allergies: _____

Please check what we can give your child:

Tylenol _____

IBU _____

Tums _____