

RIDGEFIELD PARK JUNIOR-SENIOR HIGH SCHOOL
Ridgefield Park, New Jersey 07660

Athletic Participation Permission Slip

To Whom It May Concern:

I hereby request that I be enrolled as a member of the _____ team for the **2010-2011** school year.

All inter-scholastic sports will be covered by the Board of Education insurance policy – Student Accident Program. Primary coverage will be through parents’ own health insurance – private or group plan. In the event the parent has no coverage, the Student Accident Program will provide the primary coverage.

The Board of Education assumes no responsibility for injury to any participant in our athletic program over and above the Student Accident Insurance coverage.

I am aware of the physical hazards I may encounter in connection with my participation in the sport I have selected and I hereby release the Board of Education of the Village of Ridgefield Park, its agents, servants or employees from any and all claims for damages of any kind which I may assert by reason of injury which may be received by me in connection with my participation in the sport I have indicated above.

SIGNED: _____
(STUDENT)

To Whom It May Concern:

We the undersigned, being the parent(s) and natural guardian(s) of _____ do hereby approve and consent to the participation in the sport of _____ by our **son/daughter**, and we do hereby release the Board of Education of the Village of Ridgefield Park of any claims of every kind and description which we may have for any injuries which may be sustained by our son/daughter as a result of participation in the sport indicated above.

SIGNED: _____

RELATIONSHIP: _____

PRINT NAME OF STUDENT: _____

GRADE: _____

HOMEROOM: _____