

Mat-Su Youth United
A Service Learning Partnership

Sponsored by United way of Mat-Su and the Mat-Su Borough School District

Pre-registration Form: Complete form and return to counselor by Thursday, Nov. 11th

Where: Wasilla Sports Complex

Date: Tuesday, November 16 (A parent teacher conference day)

Time: 9 a.m. – noon

Cost: FREE!

Name: _____

School: _____

Date: _____

Circle year in school: Senior Junior Sophomore Freshman

COUNSELORS: Please fax this form to Lisa Vrvilo at 761-4087.

Mat-Su Borough School District
Student Permission Slip to Participate

Insured by: _____

Policy #: _____

As the parent or guardian of the above named student, I hereby release, waive, discharge and agree to hold harmless the Matanuska-Susitna School District, its agents, officers, employees and volunteers, from all liability to me, my spouse, or my child from any and all loss and personal injury, including injury resulting in death. Unless the damage and personal injury has been caused by the sole negligence of the agents, officers, employees, or volunteers of the Matanuska-Susitna School District.

I understand that the District does not provide students with accident insurance; however, student accident insurance can be purchased separately for initial coverage or to supplement private coverage.

I understand that accidents may occur. If first aid is required, it may be provided by the school staff prior to the arrival of emergency personnel. I also consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of my child, by a physician, qualified nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of this school sponsored group, and hereby waive on behalf of myself, spouse and the above named child any liability of the school district and of it's agents or employees arising out of such medical treatment.

I have read this release carefully and agree to allow my child to participate.

Date: _____

Parent Signature: _____

Emergency contact number: _____

Special instructions or information regarding my child: _____