

# ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

## STUDENT

Student Last Name	Student First Name	MI	Date of birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Address		City	Zipcode	
<input type="text"/>		<input type="text"/>	<input type="text"/>	
Phone	Email			
<input type="text"/>	<input type="text"/>			
School				
<input type="text"/>				

## PARENT/GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		City	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>
Phone	Email		
<input type="text"/>	<input type="text"/>		

## COACH/ADVISOR

Coach/Advisor Last Name	Coach/Advisor First Name	MI	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Address		City	Zipcode
<input type="text"/>		<input type="text"/>	<input type="text"/>

## PRINCIPAL

Principal Last Name	Principal First Name	MI
<input type="text"/>	<input type="text"/>	<input type="text"/>
School	Phone	Email
<input type="text"/>	<input type="text"/>	<input type="text"/>

# ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

## CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I also give my consent for the the above named student to accompany the group as a member on out-of-town trips.

Parent/Guardian name (please print)

Parent/Guardian signature

Date

## INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

Parent/Guardian name (please print)

Parent/Guardian signature

Date

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows:  Native Services       Military       Private Insurance Carrier  
 None. I will assume financial responsibilities for injuries.

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone of Insurer: \_\_\_\_\_

Parent/Guardian name (please print)

Parent/Guardian signature

Date

Parent/Guardian phone number

Parent/Guardian emergency phone number

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.  
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