

Shelby County Schools Shelby Metro Sports and Awareness Program Application

Please print and answer all questions

Child's Name _____ Age _____ M/F _____
Grade entering August 2021 _____
Parent/Guardian Name(M) _____ (F) _____
Address _____
City _____ State _____ Zip _____ Email _____
Home # _____ Cell # _____ Work# _____
Emergency Contact
Name _____ Name _____
Contact # _____ Contact # _____

Dismissal Procedure

NO ONE WILL BE PERMITTED TO PICK UP YOUR CHILD IF THEIR NAME IS NOT LISTED ON THIS FORM. ALL PERSONS MUST HAVE AND SHOW THEIR PHOTO ID. MAKE SURE YOU LIST ALL ADULTS EVEN IF YOU RESIDE IN THE SAME HOUSEHOLD.

ENROLLMENT AGREEMENT

(please initial)

___ I understand it is my responsibility to bring and special conditions about my child to the attention of the **Shelby County Schools Shelby Metro Sports and Awareness** Staff. I give permission to the Shelby Metro-SCIAA Camp Program to have, use, publish and reproduce photographs, slides and/or video of my child for its records, public relations or marketing.

___ I grant permission for my child to participate in all **Shelby County Schools Shelby Metro Sports and Awareness Program** organized activities including special activities and events.

___ I understand and accept the program policy concerning registration and the terms enrolling.

___ I certify that the above named child on this registration is physically and mentally prepared to participate in all **Shelby County Schools Shelby Metro Sports and Awareness Program**.

___ I understand the Camp Director reserves the right to dismiss a camp participant when the camper's behavior in his/her judgement, interferes with the rights of others, violates the camp's principles of conduct or poses a safety threat to other campers or staff.

Hold Harmless Statement

(please initial)

___ I consent to **Shelby County Schools Shelby Metro Sports and Awareness Program** – with the understanding that my child (above name) can be relied on to follow instructions and that my child will be respectful with supervisors/chaperones.

___ I further understand that the school has fulfilled its obligation for sports programs insurance and that the **Shelby County Schools Shelby Metro Sports and Awareness Program** – does not or may not carry insurance relative to **Shelby County Schools Shelby Metro Sports and Awareness Program** – for the students. I maintain that my child has insurance, through my own insurance carrier.

___ I fully recognize that **Shelby County Schools Shelby Metro Sports and Awareness Program** – involves an element of risk and I assume all risks and hazards incidental to my child's participation. I do hereby release, absolve, indemnify and agree to hold harmless the **Shelby County Schools Shelby Metro Sports and Awareness Program**, its agents, employees and officers and the field trip supervisor/chaperones from any loss, liability, damage or costs, including court costs and attorney fees, resulting from my child's participation in **Shelby County Schools Shelby Metro Sports and Awareness Program**.

___ I consent to the conditions stated above. I request that my child be allowed to participate in **Shelby County Schools Shelby Metro Sports and Awareness Program** and I specifically consent to his or her participation. If any emergency medical procedures or treatment are required **Shelby County Schools Shelby Metro Sports and Awareness Program**, I consent to supervisors/chaperones taking, arranging for or consenting to the procedure or treatment at their discretion.

Parent/Guardian Signature _____ Date _____

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COVID-19 Informed Consent and Risk Acknowledgement Statement

NOTE: This form must be completed by all students, regardless of grade, intending to participate in any sport. All minor students must sign and have a parent or legal guardian also sign. All forms are to be completed and returned to the appropriate sport representative prior to tryout. Failure of a school to provide a duly executed form will cause the student -athlete to be declared ineligible.

The undersigned specifically asserts that the student will comply with all rules and regulations and with all guidance and recommendations from the Centers for Disease Control and Prevention (“CDC”) and state and local health officials related to COVID-19; that s/he is aware that athletic participation requires physical fitness; that the student possesses such fitness; and that some risk of serious injury and even death is involved in sports participation.

Further, the undersigned acknowledges s/he is familiar with the current status of the COVID-19 outbreak in the community and is familiar with the CDC's guidance regarding Considerations for Youth Sports, including relevant risks and recommended precautions. The undersigned further acknowledges s/he is aware of the increased risk of serious illness from COVID-19 to certain individuals, as identified by the CDC, including without limitation people with chronic lung disease, moderate to severe asthma, serious heart conditions, severe obesity, diabetes, chronic kidney disease undergoing dialysis, liver disease, and people who are immunocompromised.

The undersigned releases and waives any legal right to any claim and agrees to indemnify and hold harmless the Shelby County Board of Education, its agents, and employees from all claims, damages, losses, injuries and expenses arising out of or resulting from the student's participation in athletic activity. This release of liability applies to all risks of the activity and any negligence of Shelby County Board of Education and/or its agents or employees, including claims for negligent hiring, supervision, instruction, or training.

Student's Signature _____ **Date** _____

Parent's /Guardian Signature (if student is under the age of 18)

Parent/Guardian Signature _____ **Date** _____