

Full Name:

Milford Academy Admissions Office P.O. Box 878, New Berlin, NY 13411 Tel: (607) 847-9260 Fax: (607) 847-9250 www.milfordacademy.org

Athletic Participation Permission Form

(Please Print)

<u>Instructions</u>: This form must be completed by the parent (s) /guardian of the student if the student is under 18 years of age. If the student becomes 18 years of age during the school year, the student must also sign the athletic participation waiver.

Student Information

| Street City State Zip Grade: Age: Date of Birth: / Father/Guardian's Home Phone: () Mother/Guardian's Home Phone: () Business Phone: () Mother/Guardian's Home Phone: () Payment of Medical Costs for Injuries: It is understood that payment for treatment of health matters no arising from an injury is the responsibility of the parent (s) /guardian of the Student and his/her private health insurance carrier. It is also understood that payment for treatment of injuries resulting from participation in athletic games or practices, physical education classes, or from any other accidental injury while the Student is enrolled at Milford Academy, either while on campus or off campus during school hours or on a school sponsored activity, shall be the primary responsibility of the student's private health carrier. The studen insurance, if offered and in effect, is secondary to private insurance and pays the balance thereafter. Permission for Participation: The undersigned Parent (s) /guardian gives permission for the Student to take part in all student sports and other activities and trips sponsored by Milford academy. If/we do not want the Student to take part in any activity we will inform Milford Academy in writing at least 48 hours in writing o this decision. Warning: We/I also understand that participation in athletic games/programs subjects the Student to risk o personal injuries, which on occasion could be severe and could result in total disability, paralysis, or even death Inasmuch as it is our desire that the Student engage in athletic games/programs, we/I absolve and hold Milford Academy harmless for any such injuries sustained. We/I further acknowledge that we have read and understand this warning. Parent/Guardian Signature | Tun ivamo. | First | Mide | dle | Last | | |
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| Business Phone: () | | Street | | City | State | Zīp | |
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| Parent/Guardian Signature Parent/Guardian Signature | arising from insurance ca athletic gamenrolled at sponsored a insurance, if Permission part in all s Student to this decision Warning: Versonal injulnasmuch as Academy h | an injury is the narrier. It is also unles or practices, ples of Milford Academynctivity, shall be foffered and in effect of the Participation tudent sports and take part in any ach. We/I also understauries, which on occasit is our desire the armless for any | responsibility of the prinderstood that payments and the primary responsibility of the primary responsibility. The undersigned Prother activities and the trivity we will inform that participation reasion could be severally the primary responsibility. | parent (s) /gua ent for treatm ses, or from a impus or off ibility of the rivate insuran- earent (s) /gua trips sponsore Milford Acad in athletic ga e and could re- e in athletic ga | ardian of the Studentent of injuries results of injuries results of injuries results are accidental campus during school student's private and pays the balance and pays the balance are permissed by Milford acade demy in writing at arms/programs subjected in total disability arms/programs, we | nt and his/her private ulting from participal injury while the Student hool hours or on a health carrier. The ance thereafter. sion for the Student emy. If/we do not whealth and hours in writing the student to ity, paralysis, or ever all absolve and hold I | e health ation in udent is school- studen to take vant the riting of risk of n death |
| | | Parent/Guardian | Signature | <u> </u> | Parent/Guardia | n Signature | |



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Athletic Participation Waiver

(Please Print)

<u>Instructions</u>: This form must be completed by the participating Student if the student is 18 years of age, or if the Student will become 18 years of age during the school year.

| Student Info | rmation | | | | | |
|--|--|---|---------------------------------|-------------------|---|---|
| Full Name:First Mi | | iddle | | Last | | |
| Address: | | | | | | |
| | Street | | Cit | y | State | Zip |
| Grade: | Age: | Date of Birth: _ | / | / | | |
| Father/Guard | dian's Home Pho | ne: () | Mo | ther/Gua | ardian's Home Ph | one: () |
| | Business Pho | ne: () | | | Business Ph | none: () |
| sponsored a insurance, if Warning : W | ctivity, shall be offered and in early | the primary respon ffect, is secondary to and that participatio | sibility private n in ath | of the sinsurance | student's private te and pays the ba mes/programs sub | chool hours or on a school health carrier. The studentlance thereafter. bjects the Student to risk of lity, paralysis, or even death |
| Inasmuch as Academy ha | it is our desire the | hat the Student enga | ge in atl | nletic gai | mes/programs, we | e/I absolve and hold Milfor te that we have read an |
| | Student Sig | gnature | | | | |
| | Printed N | Vame | | | Dated | _ |