The Woods Academy Upper School Sports PERMISSION SLIP

Dear Parent/Legal Guardian,

Your child(ren) will be participating in the following sports season. Please mark the sports your child will be playing this year.

Fall Season

- Soccer
- Girls volleyball
- Girls tennis

Winter Season

- Basketball
- Swimming

Spring Season

- Baseball/Softball
- Lacrosse
- Golf
- Boys Tennis
- Boys Volleyball

They may play games away from the Wood Academy ("School"). This is a School-sponsored activity under the guidance and supervision of the School.

I am a parent or legal guardian of _____. I give permission for my child to participate in the activity described above ("Activity"), which may include transportation and will be supervised by School employees, administrators and/or volunteer chaperones. I understand the purpose of the Activity and am fully aware of all of the risks associated with the Activity. There is no medical or other reason that would prevent my child from safely participating in the Activity. In consideration for my child(ren)'s participation in this Activity, I, for myself and, if applicable my spouse, and my family, hereby waive, release, indemnify and hold harmless, and forever discharge the School, its employees, administrators, trustees, volunteer chaperones, and anyone acting on the School's behalf from and against any and all claims and liabilities, including but not limited to claims and liabilities for bodily injury, property damage, or death arising directly or indirectly from my child(ren)'s participation in the Activity; and further agree not to sue the School, its employees, administrators, trustees, volunteer chaperones, and anyone acting on behalf of the School with respect to any claim or liability as a result of my child(ren)'s participation in the Activity. Although I understand that the School and its representatives are under no duty to provide any kind of medical treatment, I grant the School and its representatives permission to authorize medical treatment (including emergency medical treatment) for my child, and I agree that the School and its representatives are not responsible for any injury or damage that might result from any such medical treatment. In case of an emergency, I can be reached at this phone number(s) during the above indicated hours.

_____

Date **Parent/Guardian Signature** **Telephone Number(s)**