

ADMINISTRATIVE USE ONLY

GUEST OF _____ or VISITING Date: ___/___/___ (only 1x)

\$25 PE reg. fee paid (\$15 after Jan. 1): Cash or Check? Amount? _____ Ck # _____ Given to: _____ Date: ___/___/___ \$35/\$40 CHET-SE reg. fee paid (\$15 after Mar. 1): Cash or Check? Amount? _____ Ck # _____ Given to: _____ Date: ___/___/___ **CHET-SE Permission & Release Form**

School Year 20____ - 20____

Both sides of this form must be completed by all members, guests, and visitors to participate in ANY activity

I, the undersigned parent/guardian, do hereby grant permission for the child(ren) listed on the back of this page to participate in CHET-SE activities. In order that my child/ward may receive the proper medical treatment in the event that he/she sustains injury or illness during any CHET-SE activity, I hereby authorize a supervising adult to obtain or provide medical treatment for my child/ward for such injury or illness during the CHET-SE activity, and I hereby hold CHET-SE, as well as its representatives, harmless in the exercise of this authority. I hereby release from any liability CHET-SE and all adult supervisors and class helpers in the event of any accident en route to or during activities. I further acknowledge and understand that I will be responsible for any medical bills that may be incurred on behalf of my child/ward for physical illness or injury that he/she may sustain during any CHET-SE activity.

I also understand that the PE Program includes activities such as running, jumping, stretching, and other physical exertion to benefit the students. Understanding that there is always a possibility that my child/ward may sustain physical illness or injury, I acknowledge and understand that my child/ward is assuming the risk of injury or illness by his/her participation, and I further release CHET-SE and its representatives from any claims for personal illness or injury that my child/ward may sustain during PE activities. I am aware that if my child/ward has a medical condition that prevents or prohibits him/her from participation in any PE activity (i.e. running, jumping, stretching), I must notify the PE Coach and PE Director on the day of participation.

Parent(s)/Guardian(s) Name _____ (print),

(Required) Email Address: _____ (cell) _____

Full Home Address _____

Emergency Contact Name (if above is not available) _____

Relationship _____, (cell) _____

Parent/Guardian Signature _____, Date ___/___/___

If registering for PE, check mark or initial your understanding of the statements in the boxes below. Otherwise flip the page and list your child(ren)/ward(s) for participation in other CHET-SE activities.

PE Registration Agreements: (for PE Registrants only)

- I understand that PE is NOT a drop-off event and I agree to remain on the premises to be available in the event that I am needed to care for my child in ANY way. If I must leave the park, I will let the coach and PE Director know which adult remaining at the park has agreed to take responsibility for my child/ward in my absence as well as provide his/her contact number.
- I understand that should my child/ward be disruptive to the class, he/she will be asked to sit out and/or leave and will be under my supervision for the remainder of PE.
- I understand that the PE Coach or Director will speak with me directly if there is a behavior concern with my child/ward.

