

# Ropes Club At Ursa Major

*Who: Grades 1<sup>st</sup>- 6th (Coach Bydlon must approve all special requests.)*

*When: Wednesday at 3:30 to 4:15*

*Where: Ursa Major Gym*

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***\*Wavier must be signed by Parent/Legal guardian to participate. \****

- \* I hereby consent to allow participation in the ASD sports program
- \* I hereby consent to emergency treatment, hospitalization, or other medical treatment as may be necessary by a physician, qualified nurse, or hospital in the event of an injury or illness.
- \* I hereby waive on behalf of myself and the above student, any liability of the Anchorage School District organizationally or for any of its officers, agents, employees, or volunteers for injuries sustained in the program.
- \* I hereby accept legal responsibility of the below student in the event of an injury or illness.
- \* I hereby accept financial responsibility of the below student in the event of injury or illness.
- \* I hereby agree to notify the coach of this activity (in writing) of any existing health conditions which could impact the below named student's participation.
- \* I hereby state that the information submitted on this form is true.
- \* I hereby consent to abide by the Ursa Major School Handbook.

\_\_\_\_\_  
Student

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

Health Concerns: \_\_\_\_\_