

**CONROE INDEPENDENT SCHOOL DISTRICT**  
**Parent Permission for Participation**  
**2019 Sports Camp**  
*(Revised 3/2019)*

- Football     Speed and Power     Basketball     Track & Field     Softball  
 Baseball     Cross Country     Golf     Soccer     Cheer     Volleyball

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Student ID# \_\_\_\_\_

Parent/Legal Guardian Name(s): \_\_\_\_\_

Parent/Legal Guardian Contact Number: \_\_\_\_\_

**PARENT PERMISSION AND RELEASE:** I agree to allow my child to participate in the above 2019 Sports Camp. I understand that while student safety is a high priority for the District, under state law, the District is not responsible for medical costs associated with a student injury. I agree to release CISD, its Board of Trustees, employees, agents, and volunteers from any claims or causes of action, made against it or them on behalf of my child. I authorize and consent to immediate care and treatment for my child by any physician, nurse, hospital or District representative as a result of any injury or sickness my child may suffer related to the camp. I voluntarily sign this form with full understanding of its significance.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date Signed

**Insurance & Emergency Contact Information:**

My child is covered under the insurance policy of

- Father     Mother     None

Insured's Name \_\_\_\_\_

Insurance Company \_\_\_\_\_

Insurance Company Address \_\_\_\_\_

Insurance Company Phone Number \_\_\_\_\_

Group # \_\_\_\_\_ ID# \_\_\_\_\_

List Medication or Food Allergies \_\_\_\_\_

Other Medical Issues: \_\_\_\_\_

List Current Medications Taken With Student: \_\_\_\_\_

Emergency Contact – Mother: \_\_\_\_\_

Father: \_\_\_\_\_