# SUMMIT K2 CHEERLEADING TRYOUT WAIVER

Name of Player:_____
Age:_____ Date of Birth: __ __/__ __/__ __ __ __
Name of Parent/Guardian:_____
Home Phone:_____ Work Phone:_____
Address:_____
City:_____ Zip:__ __ __ __ __ State__ __
Email Address:_____

This form must be signed and read before the participant takes part in any clinics, camps, try-outs, testing, training or competition. By signing this form, the parent or legal guardian of the participant, or the participant themselves, affirms having read it and acknowledges having had sufficient opportunity to have this agreement reviewed by participant's counsel.
On my own behalf and on behalf of my heirs, successors and assigns, I hereby forever release and discharge and agree to indemnify and hold harmless SUMMIT PUBLIC SCHOOLS K2,
COACHES and all its related properties (collectively DRAGONS, SUMMIT PUBLIC SCHOOLS K2) each of their officers, directors, employees, agents, members , partners, representatives and all owners and operators of all sites at which 'DRAGONS' conduct try-outs, clinics, practices, camps or games, and their respective affiliates, and all the representatives (collectively the 'released parties') from any and all liabilities, claims, costs, demands or causes of action, whether known or unknown ('claims') that I may now or hereafter have for injuries or damages arising out of my participation or on behalf of the participant in 'DRAGONS', and any 'DRAGONS' related activity including without limitation clinics, tryouts, games and training sessions.

I understand and acknowledge the academic requirements to play in this sport. **ALL STUDENT-ATHLETES WILL BE REQUIRED TO COMPLETE AN ACADEMIC TRACKER SHEET during their long PLT on Mondays with their Mentor.** At this time, their mentor will review if the student is "ON TRACK" or "OFF TRACK". When a student is marked "OFF TRACK", the student is **NOT** on track to graduate their current grade level, and has incomplete or missing assignments. Students in this situation **MUST** attend office hours daily and received signatures for attendance until the student is back on track. The academic tracking card will only be signed at the end of completing the entire afterschool office hours. In order to obtain the daily signature, students will need to:

- Be present for the entire time
- Be working productively and making progress with appropriate behavior
- Be an active supporter of the learning environment
- Attend 3:20 to 5:00PM Monday and Wednesday

My child will be responsible for maintaining her own academic sheet and if incomplete, she/he may be suspended from the athletic program.

I understand and acknowledge that dangers of personal injury are inherent in participating in basketball clinics, try-outs, games or training sessions, and I expressly and voluntarily assume all risk of death or personal injury sustained in the clinics, try-outs, games and training sessions, including but not limited to the risks incurred in all these activities and those arising from hidden, latent or obvious defects in any facilities or equipment used. I acknowledge the possibility that my successors or I may not fully know the number or magnitude of all claims, and agree that this release is a full and final release of all claims. This release is intended to be binding on my heirs and assigns. This release is being signed in consideration of the opportunity to play for SUMMIT PUBLIC SCHOOLS K2 'DRAGONS' team. It is an agreement made under seal and is governed by Ca. state law.

Parent's or Guardian's signature _____ Date: _ _/_ _/_ _ _

# PARENT CONSENT FOR PARTICIPATION AND TREATMENT

I hereby give my consent for the above named student to participate in the athletic program at Summit Public School: K2. In the case this student is injured, you are authorized to have her/him treated. I/we realize emergency medical personnel will be called when deemed necessary.

I give _____ permission to participate in ALL athletic activities at Summit Public School K2 for the 2015-16 year at the discretion of the school administration.

IF MY CHILD OR WARD IS **NOT** ALLOWED TO PARTICIPATE IN A SPECIFIC ATHLETIC ACTIVITY, I HAVE PRINTED THAT **PROHIBITED** ATHLETIC ACTIVITY AT THE BOTTOM OF THIS FORM.

I am aware of the fact and agree that Summit Public School K2 and its coaches/assistant coaches/volunteers are in no way responsible for any injuries that my child or ward might incur as a result of such participation.

Parent's or Guardian's signature _____ Date: _ _/_ _/_ _ _

**WARNING**: PLEASE BE ADVISED THAT, BY THEIR NATURE, SPORTS/ATHLETIC ACTIVITIES CAN BE A DANGEROUS ACTIVITY THAT COULD RESULT IN A SERIOUS INJURY, OR IN AN EXTREME CASE, DEATH.

California law requires each athletic team member to have at least $1,500 of medical and hospital insurance to cover a student for bodily injury while engaged in, training for, and being transported to or from an athletic event under school or student organization sponsorship. This is to confirm that the insurance in force on the above student meets or exceeds the requirements outlined above.

I hereby grant permission for my son/daughter to travel in a private vehicle to and from all athletic activities. I understand that Summit K2 Public School does not support students transporting other students to and/or from athletic events. I have advised my child or ward of such policy and not to ride with or drive other students to and/or from athletic activities. In the event my child disobeys this policy, I take full responsibility for the actions of my child or ward and will hold harmless Summit K2 Public School, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from any damage caused thereby.

I shall indemnify and hold harmless Summit K2 Public School, its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants from all claims, suits, or actions of every name, kind, and description, brought for, or on account of, injuries to or death of any person or damage to property resulting from the performance of any activity permitted or required by this agreement.

My duty to indemnify and save harmless, as set forth herein, shall include the duty to defend as set forth in Section 4778 of the California Civil Code; provided, however, that nothing herein shall be construed to require me to indemnify Summit K2 Public School, and its officers, directors, agents, employees, coaches, assistant coaches, volunteers, and servants against any responsibility or liability in contravention of Section 2782 of the California Civil Code.

Parent's or Guardian's signature _____ Date: _ _/_ _/_ _ _