



**STATE OF HAWAII**  
DEPARTMENT OF EDUCATION  
**Niu Valley Middle School**  
**An International Baccalaureate MYP World School**  
310 HALEMAUMAU STREET  
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www.niuvalleymiddle.org

## **Niu Valley Middle School Extramural Sports Program Consent and Release Form**

### **Mission Statement**

Students will learn sportsmanship, cooperation, and responsibility, while developing skills and character, with an emphasis on having fun and participating without being cut for lack of athletic ability.

### **Parent Permission Form**

I do hereby grant permission for my child, \_\_\_\_\_, to participate in all (may include, but not limited to, cross country, volleyball, basketball, soccer and dance) of the Extramural Sports Program for Niu Valley Middle School, during the school year 2017-2018.

I also release the coaches, teachers and the administration from any responsibility or liability for personal injury that may occur while participating in the program. I understand that all insurance and medical costs related to any injury are the sole responsibility of the parent/guardian.

I further consent to allow the student to travel as a team member in local events. I also authorize the coach, school authorities, or physician as determined by school authorities to provide any emergency care and /or follow up treatment that may be necessary for the student.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

### **Emergency Information**



Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Advisory \_\_\_\_\_

Extramural Sport(s) \_\_\_\_\_

Birthdate \_\_\_\_\_ Home Phone Number \_\_\_\_\_

Father's/Guardian's Name \_\_\_\_\_ Cell Number \_\_\_\_\_ \*

Mother's/Guardian's Name \_\_\_\_\_ Cell Number \_\_\_\_\_ \*

Email address \_\_\_\_\_ @ \_\_\_\_\_ \*\*

Health and/or Insurance Carrier: \_\_\_\_\_ Policy #: \_\_\_\_\_

List any medical conditions: \_\_\_\_\_

When the student becomes ill or incurs an injury during the extramural activity and I am unable to be contacted, the school has my permission to contact and release the student to the custody of any of the following persons (you may add additional names/numbers on the back of this form):

Name	Relationship	Phone Number(s)
_____	_____	_____
_____	_____	_____

Family Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

If my child needs to be taken to an emergency facility, he/she will be taken to the nearest one. I give my consent for school authorities to take appropriate action for the safety and welfare of my child.

Preferred hospital/clinic \_\_\_\_\_

**Please notify the school's Extramural Coordinator of any change in phone numbers.**

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

\*At least one emergency contact is required

\*\*Please provide at least one email address where we can contact you in case there are any last minute schedule changes. Additional email addresses may be listed on the back of this form

