



Mustang Athletics Spring Practice/Tryout Waiver

- 6-8 MMS
 6-8 MNMS
 6-8 MCMS
 9-12 MHS

Athlete Information

Full name: _____

Age: _____

Grade level for 20__ - 20__ School year

Parent/Guardian information

Full name: _____

Home number: _____

Cell Number: _____

Emergency Information

Full name: _____

Relationship: _____

Phone Number: _____

Alt. phone Number: _____

Allergies/Medical conditions:

Informed Consent and Acknowledgement

I hereby give my approval for my child’s participation in Mustang Athletics Spring Practices or Tryouts. I assume all risk and hazards incidental to the conduct of the activities, and release, absolve and hold harmless Mustang Public Schools and all its respective officers, agents, and representatives from any and all liability for injuries to said child arising out of this practice. There is a risk of being injured that is inherent in all sports activities, including cheerleading and dance. Some of these injuries include, but are not limited to, the risk of fractures, paralysis, or death. In case of injury to said child, I hereby waive all claims against Mustang Public Schools, including all coaches and affiliates, all participants, sponsoring agencies, advertisers, and, if applicable, owners and lessors of premises used to conduct the event. I hereby state that I have carefully read the above waiver. Acceptance and understanding of this agreement are hereby acknowledged. I have read and agree to the Informed Consent and Acknowledgement. Furthermore, I will have an OSSAA approved Physical on file by the beginning of any OSSAA sanctioned camp, practice, or event.

Medical Release and Authorization

As Parent and/or Guardian of the named athlete, I hereby authorize the diagnosis and treatment by a qualified and licensed medical professional, of the minor child, in the event of a medical emergency, which in the opinion of the attending medical professional, requires immediate attention to prevent further endangerment of the minor’s life, physical disfigurement, physical impairment, or other undue pain, suffering or discomfort, if delayed. This release is authorized and executed of my own free will, with the sole purpose of authorizing medical treatment under emergency circumstances, for the protection of life and limb of the named minor child, in my absence. I have read and agree to the Medical Release and Authorization.

Parent/Guardian Signature: _____ Date: _____