

Thank you for helping raise money for University, South Pines & Chester H&F!

Permission Slip on this page, please fill out and return on or before Due Date, February 14th 2020!

Please keep front page as a reminder of this super fun event!

Turn in this Page to school main office, Mr. Hubble, Mrs. Albrecht, or Mrs. Krum

Permission Slip for Hoops for Hearts 3-on-3 Basketball:

Team Name: _____

Student Name _____ Grade _____

Teacher _____ Gender: B / G

Parent/Guardian Cell # _____

Print Guardian name: _____

Sign Guardian name: _____

Date: _____

If I cannot be reached, please contact;

_____ # _____

Student Name _____ Grade _____

Teacher _____ Gender: B / G

Parent/Guardian Cell # _____

Print Guardian name: _____

Sign Guardian name: _____

Date: _____

If I cannot be reached, please contact;

_____ # _____

Student Name _____ Grade _____

Teacher _____ Gender: B / G

Parent/Guardian Cell # _____

Print Guardian name: _____

Sign Guardian name: _____

Date: _____

If I cannot be reached, please contact;

_____ # _____

Student Name _____ Grade _____

Teacher _____ Gender: B / G

Parent/Guardian Cell # _____

Print Guardian name: _____

Sign Guardian name: _____

Date: _____

If I cannot be reached, please contact;

_____ # _____

\$40 Check, make checks payable to *Chester PTA*

All Funds Will Be Divided Evenly Between All 3 Schools for Registration & Concessions

Make sure you sign the above to acknowledge the liability release form below

School contact *Mike Hubble* mhubble@cvsd.org

By signing above, I, am aware that participating in a physical activity such as Basketball (Chester Hoops for Hearts), a potentially hazardous activity, and that I, (or my child, if I am signing as parent or guardian) should not so participate unless physically able. I verify that I am (or my child is) medically fit to participate. I (and my child, if I am signing as parent or guardian) assume all risks associated with participation in the activity, including but not limited to, falls, incidental contact with other participants, strained muscles, over-exertion, etc., all such risks being known and appreciated. In consideration of acceptance of the participation fee, and intending to be legally bound, I (and my child, if I am signing as parent or guardian) and anyone entitled to act on my (or our) behalf(s), assume all risks associated with participation, and waive any and all claims whatsoever against, and fully release the Chester PTA, Central Valley School District, the instructor, event volunteers, sponsors (if any), and/or their representatives and successors (collectively, the "Released Parties"), from all claims, damages, or liability of any kind arising from my (or my child's) participation in this event, including without limitation any injury that may occur during the activity. I grant full permission to any and all of the foregoing to use my (and my child's) name, or photographs, videotapes, or other recordings of participation in this event, without obligation or liability to me (and my child). I also understand that participation fees are not refundable. I have read this agreement carefully, understand it, and certify my agreement by my signature above. By signing above, I (or my child, if I am signing as a parent or guardian) agree to hold the Released Parties harmless from any liability or injury resulting from participation in the activity.