Milford Academy Admissions Office
P.O. Box 878, New Berlin, NY 13411
Tel: (607) 847-9260 Fax: (607) 847-9250
www.milfordacademy.org

Athletic Participation Permission Form

(Please Print)

Instructions: This form must be completed by the parent (s) /guardian of the student if the student is under 18 years of age. If the student becomes 18 years of age during the school year, the student must also sign the athletic participation waiver.

Student Information

Full Name: _____
First Middle Last

Address: _____
Street City State Zip

Grade: _____ Age: _____ Date of Birth: _____/_____/_____

Father/Guardian's Home Phone: (____)_____ Mother/Guardian's Home Phone: (____)_____

Business Phone: (____)_____ Business Phone: (____)_____

Payment of Medical Costs for Injuries: It is understood that payment for treatment of health matters not arising from an injury is the responsibility of the parent (s) /guardian of the Student and his/her private health insurance carrier. It is also understood that payment for treatment of injuries resulting from participation in athletic games or practices, physical education classes, or from any other accidental injury while the Student is enrolled at Milford Academy, either while on campus or off campus during school hours or on a school-sponsored activity, shall be the primary responsibility of the student's private health carrier. The student insurance, if offered and in effect, is secondary to private insurance and pays the balance thereafter.

Permission for Participation: The undersigned Parent (s) /guardian gives permission for the Student to take part in all student sports and other activities and trips sponsored by Milford academy. If/we do not want the Student to take part in any activity we will inform Milford Academy in writing at least 48 hours in writing of this decision.

Warning: We/I also understand that participation in athletic games/programs subjects the Student to risk of personal injuries, which on occasion could be severe and could result in total disability, paralysis, or even death. Inasmuch as it is our desire that the Student engage in athletic games/programs, we/I absolve and hold Milford Academy harmless for any such injuries sustained. **We/I further acknowledge that we have read and understand this warning.**

_____ _____
Parent/Guardian Signature Parent/Guardian Signature

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Athletic Participation Waiver

(Please Print)

Instructions: This form must be completed by the participating Student if the student is 18 years of age, or if the Student will become 18 years of age during the school year.

Student Information

Full Name: _____
First Middle Last

Address: _____
Street City State Zip

Grade: _____ Age: _____ Date of Birth: _____/_____/_____

Father/Guardian's Home Phone: (____)_____ Mother/Guardian's Home Phone: (____)_____

Business Phone: (____)_____ Business Phone: (____)_____

Payment of Medical Costs for Injuries: It is understood that payment for treatment of health matters not arising from an injury is the responsibility of the parent (s) /guardian of the Student and his/her private health insurance carrier. It is also understood that payment for treatment of injuries resulting from participation in athletic games or practices, physical education classes, or from any other accidental injury while the Student is enrolled at Milford Academy, either while on campus or off campus during school hours or on a school-sponsored activity, shall be the primary responsibility of the student's private health carrier. The student insurance , if offered and in effect, is secondary to private insurance and pays the balance thereafter.

Warning: We/I also understand that participation in athletic games/programs subjects the Student to risk of personal injuries, which on occasion could be severe and could result in total disability, paralysis, or even death. Inasmuch as it is our desire that the Student engage in athletic games/programs, we/I absolve and hold Milford Academy harmless for any such injuries sustained. **We/I further acknowledge that we have read and understand this warning.**

_____
Student Signature

_____ _____
Printed Name Dated