
ASAA PARENT / GUARDIAN
CONSENT FOR STUDENT
TRAVEL AND PARTICIPATION
STUDENT
PARENT/GUARDIAN
COACH/ADVISOR
PRINCIPAL

ASAA PARENT / GUARDIAN CONSENT FOR STUDENT TRAVEL AND PARTICIPATION

Continuation

CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in ASAA or school district approved interscholastic activities as a representative of his/her school. I also give my consent for the above named student to accompany the group as a member on out-of-town trips.

Parent/Guardian name (please print) | Parent/Guardian signature | Date

INSURANCE COVERAGE

I understand that the Alaska State Board of Education and Alaska School Activities Association (ASAA) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE BOARD OF EDUCATION OR ASAA, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

Parent/Guardian name (please print) | Parent/Guardian signature | Date

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to emergency medical examination, hospitalization or other medical treatment as may be necessary for the welfare of the above named student. As a physician, qualified nurse, and/or hospital is the choice of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby assent on behalf of myself and the above named student, any liability of the school district or ASAA, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: ☐ Parent Services ☐ Military ☐ Private Insurance Carrier

Name of Insurer _____ Policy Number _____ Phone of Insurer _____

Parent/Guardian name (please print) | Parent/Guardian signature | Date

Parent/Guardian phone number | Parent/Guardian emergency phone number

Email

ALASKA SCHOOL ACTIVITIES ASSOCIATION, INC.
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2009 - 2010 • Alaska School Activities Association • Handbook

Form 110