



## SISD Volunteer After-School Sports Program

### Parent/Guardian Waiver of Liability

I, \_\_\_\_\_ authorize my child,  
Parent/Guardian Name  
\_\_\_\_\_ to participate in the Volunteer After School  
Child's Name

Sports Program. In Consideration of my child being allowed to participate in the Program, I voluntarily release SISD, its employees, volunteers, representatives, agents and Board of Trustees from liability and waive all claims and demands of every nature or kind which may result from my child's participation in the Program.

I understand that my child could suffer an injury while participating in the Program and that SISD has no liability or responsibility for any injury suffered by my child. Furthermore, I understand that SISD does not provide medical insurance for my child. I will be solely responsible for any medical care my child may require as a result of participation in the Program.

By signing below, I certify that I have read and fully understand this Waiver of Liability and fully accept the above conditions.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address & Telephone Number

\_\_\_\_\_  
Emergency Phone Number

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### Student Pledge

I, \_\_\_\_\_, pledge to make good grades, play fair, respect all other participants, coaches and parents, remain drug and gang free, and comply with SISD student academic and behavior regulations. I understand that failure to comply with the above rules will disqualify me from the VASSP Program.

Signature \_\_\_\_\_  
School \_\_\_\_\_  
Grade \_\_\_\_\_