

KLEIN INDEPENDENT SCHOOL DISTRICT
OPEN GYM WAIVER

***MUST HAVE A CURRENT STUDENT ID AND PROPER ATTIRE TO PARTICIPATE IN OPEN GYM ACTIVITIES-MUST BE A STUDENT ON THAT CAMPUS ONLY**

NAME: _____ AGE: _____
HOME ADDRESS: _____ CITY & ZIP: _____
PRESENT SCHOOL: _____ GRADE/AS OF SEPT 1 _____
PARENT'S EMAIL: _____ SPORTS: _____

KISD WAIVER

I, THE UNDERSIGNED, BEING THE INDIVIDUAL, SPOUSE, OR LEGALLY AUTHORIZED AND QUALIFIED GUARDIAN OF _____ AGREE TO HOLD THE KLEIN INDEPENDENT SCHOOL DISTRICT, IT'S BOARD OF TRUSTEES, ADMINISTRATION, AND/OR FACULTY, HARMLESS FROM ALL LIABILITY FOR ANY INJURIES WHICH MY SON/DUGHTER MAY RECEIVE WHILE PARTICIPATING IN ANY RECREATIONAL ACTIVITIES OR UTILIZING THE KLEIN SCHOOL DISTRICT FACILITIES. I HEREBY AUTHORIZE THE ATHLETIC DIRECTOR, COACH, AND/OR DISTRICT EMPLOYEE TO SECURE MEDICAL SERVICES FOR ANY FAMILY MEMBER IF NECESSARY AND I AGREE TO PAY, EITHER DIRECTLY OR THROUGH MY OWN PERSONAL HEALTH AND ACCIDENT INSURANCE POLICY, ALL MEDICAL OR HOSPITAL COSTS.

DATE

SIGNATURE OF PARENT OR LEGAL GUARDIAN

STREET ADDRESS OF PARENT OR LEGAL GUARDIAN

CITY/STATE

ZIP

PHONE

(REQUIRED) EMERGENCY INFORMATION

NAME OF PARENT OR GUARDIAN: _____ NAME OF PARENT OR GUARDIAN: _____
MOTHERS EMPLOYMENT: _____ FATHERS EMPLOYMENT: _____
PHONE NO.: _____ PHONE NO.: _____
CELL NO.: _____ CELL NO.: _____
WORK NO.: _____ WORK NO.: _____
FAMILY PHYSICIAN: _____ EMERGENCY CONTACT: WHEN PARENT/GUARDIAN CANNOT BE REACHED
OFFICE NO.: _____ NAME: _____
ADDRESS: _____ PHONE NO.: _____
CITY & ZIP: _____
INSURANCE POLICY WITH: _____ POLICY NO.: _____