

Central Bucks School District

Waiver for Participation in Aquatics Programs

_____	_____	_____	_____	_____
Child's Last Name	Child's First Name	Middle Initial	School	Grade
_____	_____	_____		
Age	Date of Birth	Gender		

PARENT CONSENT CERTIFICATE

A participant shall be eligible for participation in swimming, diving and/or clinics only when this waiver is on file with the Community School and is signed by the child's parent or guardian.

"I give my consent for the above named child to take part in any community school swim/dive programs during the 20 ____ / 20 ____ school year."

PARENT'S OR GUARDIAN'S PERMISSION AND RELEASE/CONSENT

The Central Bucks School District has no responsibility to provide first aid at any of the community school athletics and the parents or guardian understands that the risk of injury is assumed by the student and parent when they sign this form. However, in the event physicians, physical therapists, physician's assistants, nurses, or other persons trained in the rendering of first aid are available, as volunteers or otherwise, and render aid to any student injured during the course of any such activities or travel, the parents do hereby release and forever discharge such persons and the Central Bucks School District from any liability arising out of any first aid or immediate treatment of injuries.

STATEMENT REGARDING ACCIDENT INSURANCE WAIVER

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School and Central Bucks Aquatics **DO NOT** provide accident insurance for ANY child or adult participating in the aquatics programs offered by Central Bucks Community School and assumes **NO LIABILITY** for injuries sustained from participation. We/I, the undersigned, further acknowledge and agree that neither the School District, the Community School or Central Bucks Aquatics, will assume any liability for any injuries sustained by participation in the program. We herein release the School District, the Community School, the CB Aquatics, its agents, representatives, employees, volunteers and the like from any and all liability related to the participation in the programs offered by the School District and Community School.

PHYSICAL EXAMINATION NECESSARY BEFORE PARTICIPANT BEGINS PRACTICE

No participant shall be eligible to represent The Central Bucks Community School or the Central Bucks Aquatic Clubs through physical activity without being examined by a licensed physician of medicine or osteopathic medicine, a certified school nurse practitioner, or physician's assistant before the participant's first sports season of that academic year.

_____	_____
Typed or printed name of parent of guardian	Signature of parent or guardian

_____	_____	_____
Address	Phone	Date