

**Sports Waiver**  
**Central Bucks School District**

Student Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_  
Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Male \_\_\_\_\_ Female

**PARENT/GUARDIAN CONSENT CERTIFICATE**

To be eligible for participation in summer sport camps, this waiver must be on file with the Central Bucks Community School and this certificate of consent must be signed by a parent/guardian.

“I give my consent for the above-named child to take part in any Community School sports camp or clinic.”

**PARENT/GUARDIAN PERMISSION AND RELEASE**

The Central Bucks School District has no responsibility to provide first aid at any of the Community School athletic camps and the parent/guardian understands that the risk of injury is assumed by the student and parent/guardian 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 parent/guardian does 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.

**A physical that is dated no more than one year from the beginning of camp must be submitted to the district’s community school office. If the physical is out-of-date then a current physical must be submitted to the sponsor of the sports camp.**

Does child have any significant health problems? \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Typed or Printed Name of Parent or Guardian \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

**Central Bucks School District**  
**STATEMENT REGARDING ACCIDENT INSURANCE WAIVER**

We/I the undersigned are completely aware that the Central Bucks School District, Central Bucks Community School **DO NOT** provide accident insurance for ANY child or adult participating in the 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, will assume any liability for any injuries sustained by participation in the program. We herein release the School District, the Community School, its agents, representatives, employees and the like from any and all liability related to the participation in the programs offered by the School District and Community School.

Parent or Guardian Signature \_\_\_\_\_

Relationship to Child \_\_\_\_\_