



Comets Booster Social Events Permission Form

Social Event: Quarter 2 Quarter 3 Quarter 4 All three (Circle one)

STUDENT INFORMATION

Student Name (Last): _____ (First): _____ (MI): _____

Male _____ Female _____

Grade: _____ Age: _____ DOB: ____/____/____

Home Address: _____

Street

Apt#

City

Zip Code

Home Phone: _____

PARENT/ GUARDIAN INFORMATION

1. Name: _____ Phone (Work): _____

Email: _____ (Cell): _____

2. Name: _____ Phone (Work): _____

Email: _____ (Cell): _____

THE FOLLOWING MUST BE SIGNED AND DATED: "We have read and agree to the following..."

- Insurance Wavier:** In consideration of your accepting this registration, I hereby, for myself, my heirs, executors and administrators waive any and all rights and claims for damages I have against Kaleidoscope Charter school and/or it's representatives, successors and assigns for any and all injuries suffered by me or my child while participant or spectator at the activity indicated.
- No False Information:** All of the completed information is accurate for the student-athlete and no information has been falsified.

Parent/ Guardian Signature

Student Signature

Date