

Panther Paws Dance Team

Participation Agreement 2019-2020

Part I- Emergency Information

Name: _____ Home Phone #: _____

Age: _____ Address: _____
STREET CITY ZIP

Name of Parent /Guardian: _____ Cell # _____

Father's Place of Employment: _____ Phone #: _____

Mother's Place of Employment: _____ Phone #: _____

Family Physician: _____ Office Phone #: _____

Name of relative who can be contacted if parent/guardian cannot be reached:

Name: _____ Relation: _____ Phone #: _____

Insurance Policy with: _____
COMPANY POLICY #

Part II- Activity Agreement

The undersigned, being the parent or legally appointed and qualified guardian of _____, a student in the Ector County Independent School District, does hereby consent to said student's participating in all dance team events and programs conducted by the district during the 2018-2019 school year. I herewith grant permission for school employees to secure medical services for the above named student, if necessary. I further agree to hold the Ector County Independent School District, its Board of Trustees, Administration, the Panther Paws Booster Club, and/or faculty, harmless from all liability for any injuries, which said student, may receive while traveling to and from such events. I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs. The undersigned agrees to be responsible for the same return of all dance team equipment issued by the school to the above named student.

Parent/Guardian Signature

Date