

CTSO TRAVEL, PARTICIPATION, AND MEDICAL RELEASE FORM

STUDENT

| | | | |
|----------------------|------------------------------|-------------------------------|------------------------------------|
| Student Last Name | Student First Name | Date of Birth | Grade |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| School | CTSO | | |
| <input type="text"/> | <input type="checkbox"/> BPA | <input type="checkbox"/> DECA | <input type="checkbox"/> FCCLA |
| | <input type="checkbox"/> FFA | <input type="checkbox"/> HOSA | <input type="checkbox"/> SkillsUSA |

PARENT/GUARDIAN

| | | | |
|---------------------------|----------------------------|----------------------|--|
| Parent/Guardian Last Name | Parent/Guardian First Name | | |
| <input type="text"/> | <input type="text"/> | | |
| Mailing Address | City | Zip Code | |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Phone | Emergency Phone | | |
| <input type="text"/> | <input type="text"/> | | |

CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in CTSO approved interscholastic activities as a representative of his/her school. I also give my consent for the above named student to accompany the group as a member on out-of-town trips.

INSURANCE COVERAGE

I understand that the Alaska Career and Technical Student Organizations (CTSOs) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE CTSO, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or CTSO, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows: Native Services Military Private Insurance Carrier
 None. I will assume financial responsibilities for injuries.

Name of Insurer: _____

Policy Number: _____ Phone of Insurer: _____

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|-------------------------------------|---------------------------|----------------------|
| Parent/Guardian Name (please print) | Parent/Guardian Signature | Date |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |