Student Name:	
Grade:	
School:	
Student Date of Birth:	
Parent(s) Name:	
Emergency Contact Number:	
Waiver/Release of Liability	
Please read carefully before signing. This is a release of liability and waiver of I,	cant agree and sks inherent in the sport articipant hereby agrees South Middle School while participating in a incurred arising from ant authorizes any treated in any medical lor parent/guardian participant. I have noted be aware. I have
Signed	Date