



CNMI Public School System
Athletic Program of the Office of Student & Support Services

Interscholastic Athletic Program Consent Form

School Name	
Grade Level	Entry Date / /
Sport	

*Complete **all areas** on both sides of the form. Correct any preprinted information. **Do not leave any area unanswered.**

STUDENT INFORMATION	Student Legal Name (last, first, middle - as shown on birth certificate)			Nickname (if any)		
	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Student Date of Birth (mm/dd/yyyy) / /	Student Home Telephone # ➔ () -	Best Parent/ Guardian Contact Telephone Numbers Day or Cell () - Evening Cell () -		
	Mailing Address			Physical Street Name & Village		
	Parent or Guardian Legal Name (last, first, middle)			Work Place Telephone Number () -	Name of Work Place	

➔ REGISTRATION IS NOT VALID WITHOUT SIGNATURE AND DATE. ➔

CONSENT

I hereby give consent to my *son/daughter* to participate in the above listed interscholastic athletic program. I understand that the **CNMI Public School System (PSS)** and **State Board of Education** do not carry any insurance relative to the activity. I understand that accidents or injuries to my *son/daughter* may occur including, but not limited to, paralysis or death. I acknowledge that I have read and understand this warning. Further, I will not hold the CNMI Public School System, Board of Education, or its representatives responsible for injuries that may occur to my *son/daughter* because of *his/her* participation in the sport(s) listed above.

I consent to any necessary emergency medical procedures or treatment for my *son/daughter* which may arise from my *son/daughter's* participation in the above listed activity.

I agree to release, waive, indemnify, hold harmless and reimburse the Public School System, the State Board of Education, and their officers, employees, and agents from any claim that I or my *son/daughter* may initiate for losses, damages, or injuries arising out of my *son/daughter's* participation in the above listed activity or the rendering of emergency medical procedure or treatment, if any.

I understand that all activities relating to the sport in question are **School Sanctioned Events** and that all school rules apply whether the function takes place on PSS property or anywhere else and during transportation to and from the sporting venue.

I hereby grant permission for the release of video footage, audio recordings, and photographs that could identify my child, as well as the name, grade level, and school of my child, to the **CNMI Public School System (PSS)** and the media for use in news stories and event marketing as it pertains to PSS Athletics.

➔ _____ (Print) Parent/ Guardian Name	➔ _____ Parent/ Guardian Signature	_____/_____/_____ Date
➔ _____ (Print) Student Name	➔ _____ Student Signature	_____/_____/_____ Date