



DMUSD JR. OLYMPIC SKILLS COMPETITION

***PLEASE RETURN TO SCHOOL OFFICE BY APRIL 21st, 2017. Contest is
Wed, April 26th^h from 12:30-2:30 p.m.***

2017 OFFICIAL REGISTRATION FORM

The 2017 JOSOC is open to students in grades 2-6.

PARTICIPANT'S NAME _____

GRADE: _____ CLASSROOM TEACHER _____

PARENT'S
NAME _____

STREET
ADDRESS _____

CITY _____ ZIP _____

PHONE # _____

EMAIL ADDRESS _____

SPORT COMPETING: (CIRCLE ALL THAT APPLY)

BASKETBALL SOCCER TENNIS TRACK & FIELD

RELEASE AND AUTHORIZATION

On behalf of myself and _____, the child for whom I am the parent or legal guardian, I hereby release from liability, discharge, hold harmless, and relinquish and waive any liability of the Del Mar Union School District, DMUSD Physical Education Department, and all employees, directors, officers, agents, representatives, volunteers and independent contractors such entities, (collectively, the "Releasees"), and hereby assume the risk for, any injury and/or loss incident to my child's involvement in the Jr. Olympic Skills, whether caused by the negligence of the Releasees or otherwise, except to the extent that such injury and /or loss is the result of the gross negligence or wanton misconduct of the Releasees. To the best of my knowledge, my child is in good physical condition and does not have any health problems that would be aggravated by participation in Jr. Olympic Skills. I consent to all emergency medical treatment for my child as may be deemed appropriate by medical personnel. By signing below, I acknowledge that I have carefully read the information and agree to the terms stated above.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Name (Print please) _____