



Student Government Association
5035 Sideburn Road
Fairfax, VA 22032

T 703 426 2182
F 703 426 2197

GATORBALL 2010

PARENTAL PERMISSION & MEDICAL RELEASE

This must be completed to participate in GatorBall 2010. All parents must provide proof of insurance for any players participating.

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I herein waive and release Robinson Secondary School, the Fairfax County School Board and all GatorBall Staffers from any injury or illness incurred going to this event from home or while returning home or while at this event. I hereby give my permission for emergency medical treatment in the event I cannot be contacted.

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Insurance Company: _____

Policy Number: _____

Is there special medical information?

No _____ Yes _____

If yes, please explain:

Participant Name

Team

Participant Signature

Parent Signature