Klein Intermediate School
Falcons

# *KISD WAIVER - Soccer*

I, the undersigned, being the individual, spouse, or legally authorized and qualified guardian of _____ agree to hold the Klein Independent School District, its Board of Trustees, administration, and/or faculty, harmless from all liability for any injuries which my son/daughter may receive while participating in any recreational activities or utilizing the Klein School District facilities. I herewith authorize the athletic director, coach, and/or district employee to secure medical services for any family member if necessary, and I agree to pay, either directly or through my own personal health and accident insurance policy, all medical or hospital costs.

_____ _____

Date Signature of parent or legal guardian

_____

Street address of parent/legal guardian City/State Zip Phone

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**EMERGENCY INFORMATION**

Name of Parent or Guardian: _____

Father's place of employment: _____Phone No: _____

Mother's place of employment: _____Phone No: _____

Family Physician: _____Office Phone No: _____

Address: _____Emergency Phone No: _____

List the name of a neighbor or relative who can be contacted if parent or guardian cannot be reached.

Name: _____Phone No: _____

Insurance Policy with: _____Policy No: _____