

OFF-SEASON SPORT PERMIT

Date: ____ / ____ / ____

Name _____ Grade _____ Student # _____

Parent or Guardian Name _____

Address _____
(Street) (City) (Zip Code)

Sport _____ School Year _____

I am aware that my son/daughter is participating in an off-season activity. I understand that legally the Clark County School District has no financial responsibility if accidents occur while participating in this activity.

I certify that my son/daughter has no ailment or organic defect that would make participation in a sport activity dangerous to his/her health.

Signature of Student Date

Signature of Parent Date

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