

Data to be collected cont...

Authorization for Emergency Medical Attention

In the event that I cannot be reached to make arrangements for emergency medical or dental attention, I authorize the drill team director, or persons in charge, to take my child to the nearest available hospital or health clinic.

Child's Physician: _____ Phone: _____

Signature of Parent/Guardian

Date

Assumption of Risk/Release of Liability

It is understood that La Grange ISD does not provide medical insurance covering injuries of any nature incurred during the 2021 Lil' Leopardette Camp. The undersigned hereby releases La Grange ISD from any and all claims, demands, and causes of action whatsoever in any way resulting from participation in this camp. All participants should be covered by their own health insurance.

Signature of Parent/Guardian

Date

Website/Media Release

I grant permission to the Leopardette Drill Team to publish pictures of my child, _____, participating in Leopardette Drill Team activities on the LGISD website and Fayette County Record. I understand that the organization will not publish first and last names or additional information about my child.

Signature of Parent/Guardian

Date