

**- MINOR PARTICIPATION FORM -**

My/Our child \_\_\_\_\_ has permission to  
participate in \_\_\_\_\_(Activity).

In case of emergency the supervisor on site has my permission to obtain medical treatment for my child.

I/We understand the Central Valley School District does not purchase or have medical/dental/hospitalization insurance to cover an injury while participating at this event.

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date

Date Received by District \_\_\_\_\_