

# CTSO TRAVEL, PARTICIPATION, AND MEDICAL RELEASE FORM

## STUDENT

Student Last Name	Student First Name	Date of Birth	Grade
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
School	CTSO		
<input type="text"/>	<input type="checkbox"/> BPA	<input type="checkbox"/> DECA	<input type="checkbox"/> FCCLA
	<input type="checkbox"/> FFA	<input type="checkbox"/> HOSA	<input type="checkbox"/> SkillsUSA

## PARENT/GUARDIAN

Parent/Guardian Last Name	Parent/Guardian First Name		
<input type="text"/>	<input type="text"/>		
Mailing Address	City	Zip Code	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Phone	Emergency Phone		
<input type="text"/>	<input type="text"/>		

## CONSENT FOR PARTICIPATION

I hereby give my consent for the above named student to engage in CTSO approved interscholastic activities as a representative of his/her school. I also give my consent for the above named student to accompany the group as a member on out-of-town trips.

## INSURANCE COVERAGE

I understand that the Alaska Career and Technical Student Organizations (CTSOs) do not carry medical or liability insurance covering students traveling for interscholastic activities. I HEREBY WAIVE ON BEHALF OF MYSELF AND THE ABOVE NAMED STUDENT ANY LIABILITY RESPONSIBILITIES OF THE CTSO, EITHER ORGANIZATIONALLY OR FOR ANY OF ITS OFFICERS, AGENTS OR EMPLOYEES, FOR INJURIES OR DAMAGES SUSTAINED IN THE INTERSCHOLASTIC PROGRAM. I also understand that medical or liability insurance is my responsibility.

## CONSENT FOR EMERGENCY MEDICAL TREATMENT

In consideration of the above named student's opportunity to participate in interscholastic activities, I hereby give my consent to emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named student, by a physician, qualified nurse, and/or hospital in the event of illness or injury during all periods of time in which the student is away from his or her legal residence as a member of an interscholastic activity group. I further hereby waive on behalf of myself and the above named student, any liability of the school district or CTSO, its officers, agents or employees, arising out of such medical treatment.

Coverage is provided as follows:  Native Services  Military  Private Insurance Carrier  
 None. I will assume financial responsibilities for injuries.

Name of Insurer: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Phone of Insurer: \_\_\_\_\_

Parent/Guardian Name (please print)	Parent/Guardian Signature	Date
<input type="text"/>	<input type="text"/>	<input type="text"/>