CUMBERLAND BANDS

Cumberland County Public Schools

Fall 2015 Home Varsity Football – Parent Permission Form

I agree that for each game, my child will stay after school and rehearse until supper time. My child will either have enough money with him/her to purchase sufficient food for supper from the concessions stand or will bring food for a supper meal. I understand that games do not always end at the same time, and will agree to pick up my child from the CCPS band room after he/she has secured all equipment after the game and has been dismissed by the director. Insurance Information: I understand that I accept liability for any injury that may occur. The insurance information that may be used for emergency admittance to the hospital is: Insurance Company:	Varsity Football home games at Cumberland	, has my permission to participate in the 2015 High School as a member of the 2015 Cumberland neduled regular season games (10/2, 10/16, 10/23,
from the CCPS band room after he/she has secured all equipment after the game and has been dismissed by the director. Insurance Information: I understand that I accept liability for any injury that may occur. The insurance information that may be used for emergency admittance to the hospital is: Insurance Company: Insured Member's Name: Member's Number: Contact Numbers: The phone numbers, which may be used to contact me in case of emergencies, are: Person to be contacted if I cannot be reached: Name: Phone: Additional Information:	I agree that for each game, my child will stay child will either have enough money with him	after school and rehearse until supper time. My her to purchase sufficient food for supper from
I understand that I accept liability for any injury that may occur. The insurance information that may be used for emergency admittance to the hospital is: Insurance Company:		
may be used for emergency admittance to the hospital is: Insurance Company:	Insurance Information:	
Insured Member's Name: Member's Number: Contact Numbers: The phone numbers, which may be used to contact me in case of emergencies, are: Person to be contacted if I cannot be reached: Name: Phone: Additional Information:		
Contact Numbers: The phone numbers, which may be used to contact me in case of emergencies, are: Person to be contacted if I cannot be reached: Name: Phone: Additional Information:	Insurance Company:	
Contact Numbers: The phone numbers, which may be used to contact me in case of emergencies, are: Person to be contacted if I cannot be reached: Name: Phone: Additional Information:	Insured Member's Name:	
The phone numbers, which may be used to contact me in case of emergencies, are: Person to be contacted if I cannot be reached: Name: Phone: Additional Information:	Member's Number:	
Person to be contacted if I cannot be reached: Name: Phone: Additional Information:	Contact Numbers:	
Name: Phone: Additional Information:	The phone numbers, which may be used to co	ontact me in case of emergencies, are:
Additional Information:	Person to be contacted if I cannot be reached	l:
	Name:	Phone:
My child's shirt size is (circle one): Youth XL – Adult S – Adult M – Adult L – Adult XL – Adult XXL	Additional Information:	
	My child's shirt size is (circle one): Youth XL –	Adult S – Adult M – Adult L – Adult XL – Adult XXL
Parent/Guardian Signature Date		