

OSBORN HILL SCHOOL PTA
AFTER SCHOOL ACTIVITIES STUDENT WAIVER FORM

Student Name: _____	Grade/Teacher: _____
Program name: _____	Day: _____
Program name: _____	Day: _____
Program name: _____	Day: _____
Program name: _____	Day: _____

Please be advised that the school and the PTA DO NOT provide any accident liability insurance coverage for any off-site activities and DO NOT provide any insurance to cover the transportation to or from off-site activities.

I hereby certify the minor is my (our) son/daughter and that his/her date of birth is noted above and I (we) do hereby certify that to the best of my (our) knowledge and belief said minor is in good health. I understand the OHS after school policies as stated on this form/registration. I understand the risks to my child in participating in after school activities, particularly physical activity. I take responsibility for these risks and agree to indemnify and hold harmless the PTA and its officers, the Town of Fairfield and the staff at OHS in the event my child sustains an injury.

In case of illness or accident, permission is granted for emergency treatment to be administered. It is further understood that the undersigned will assume full responsibility for any such action, including payment of costs. I (we) hereby advise that the above named minor has had the following allergies, medicine reactions or unusual physical condition which should be made known to a treating physician. (If none, please write the word "None.")

Name of Parent/Guardian (Please Print): _____

Signature of Parent/ Guardian: _____ Date: _____

Place in an envelope labeled "OHS After School Activities":

1. Completed and signed emergency waiver form
2. Check payable to OHS PTA
3. Invoice from online registration

Please contact Dana Kery or Susan Ephron with questions - ohsactivities@gmail.com