

Middle School Pick-up

Participation Waiver

Name

School Attending

Date of birth

Age

Grade in school

E-mail address

or

text message #

Emergency information:

Contact Name: _____

Contact Phone Number: _____

Insurance Provider: _____

Policy Number: _____

By signing below, I give my permission for _____
to participate in the Middle School Ultimate practice (for boys and girls
aged 10-14) that will be held on the Campus of **Fulmore Middle School**.
We will meet from **5:00pm - 6:30pm** beginning Friday, October 30th
through Friday December 11th. A weekly nutritious snack will be
provided. Each player will be awarded an Ultimate disc after completing
their commitment.

txultimate@yahoo.com

Cost is \$25 per player. Check's may be made payable to Texas, Ultimate!

I understand that *Texas, Ultimate!* does not provide accident and hospitalization insurance, and there is some inherent risk or danger in participating in Ultimate activities. I do not hold *Texas, Ultimate!* or AISD liable for accident or injury resulting from participation. I give *Texas, Ultimate!* permission to use my player's image in it's promotional materials including, but not limited to, brochures, ads, and websites. I understand my player's name will never be used in conjunction with their image.

Signature of Parent/Guardian

Date