



~ MUD VOLLEYBALL ~ ARENAC COUNTY FAIR 2024



STUDENT AND PARENT CONSENT FORM (Please print and complete entire form.)



Name _____ Today's Date _____
Last First

Address _____ City _____ Zip _____

Grade in Fall _____ Sex ___M___F Birth Date _____ Age _____
Month/Day/Year

Father/Guardian's Name _____ Cell Phone _____

Mother/Guardian's Name _____ Cell Phone _____

Home Phone _____ or Message Phone _____

Family Doctor _____ Phone _____

Parent or Guardian Consent and Insurance Statement

I hereby give my consent for the above student to engage in **Mud Volleyball Competition**. I understand the possibility that serious injury may result from participating in activities. I further recognize that as a result of participation, medical treatment on an emergency basis may be necessary and recognize that school personnel may be unable to contact me for my consent for emergency care; I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstance and to assume the expenses of such care. **Student must have health insurance to participate.**

Our Family Insurance Company Is: _____
(If Medicaid, please include Medicaid ID number)

Signature of Parent or Guardian _____ Date _____

HAVE FUN IN THE MUD!

For forms and flyer, please visit our website at www.arenacountyfair.jimdo.com.

