



SQUASHROCS

“The Healthiest Sport in the World”

Student Participation Consent

Student Name: _____

School: _____ Grade: _____

Contact Details

Parent/Guardian Name: _____

Phone: _____ Email: _____

I hereby give consent for the student (named above) to take part in the SquashRocs program and for any pictures taken to be used for promotional purposes:

Parent/Guardian Signature: _____ Date: _____

Student Guidelines

Students – when not in the squash area, **MUST** be with a supervising adult. eg. bathroom usage.

Eye guards – are provided and **must** be worn on court at **ALL TIMES**. If a ball is moving, your eyes must be protected. It is not worth taking a risk when it comes to your eyesight. One mistake and you will regret it for the rest of your life.

Try Your Hardest – it is essential that you always try your hardest. It is always more fun and exciting when you are able to reach your maximum potential, and you will feel a much greater sense of pride and accomplishment when you do.

Respect the facility and any other users – be orderly and quite. If you have garbage, find a trashcan for it. Do not damage any equipment of the facility. You are always expected to be respectful to all the people we encounter.

Liability Waiver

The SquashRocs staff and participating facilities, including but not limited to Harro East Athletic Club, shall not be liable for any claims, demands, injuries, or damages to the student named above (1) resulting from their participation in the squash program or (2) in connection with the student’s use of the facilities, equipment, or premises where squash activities take place. The student named above and their parent/legal guardian shall save any SquashRocs officers, directors, employees and agents and all participating facilities against any and all claims for injury, loss, or damage of whatever nature (1) resulting from their participation in the SquashRocs program or (2) in connection with the student’s use of the facilities, equipment, or premises where the program activities take place.

Parent/Guardian Signature: _____ Date: _____

Medical Treatment Authorization

While there has never been a serious injury during a SquashRocs practice or activity, the nature of the game is such that injuries may occur. If your son/daughter does get injured, we will make every effort to contact you. Should we not be able to get a hold of you, you give permission to the SquashRocs staff to authorize medical treatment in case of an emergency.

Parent/Guardian Signature: _____ Date: _____

Health Insurance Company: _____

Health Insurance Number: _____