

**Cohasset Public Schools
Health & Registration Form**

Student's Name: _____ Present Grade: _____

Program: (circle)	Kindergarten:	June - PM	Session 1 - AM	Session 2 - PM
	First Grade:	June - AM	Session 1 - PM	Session 2 - AM
	Second Grade:	June - AM	Session 1 - AM	Session 2 - PM

Address: _____

Home Phone: _____ Work Phone: _____

In case of emergency: _____ Phone: _____

If your child has any allergies or other conditions you feel the instructor should be aware of, please list and describe briefly: _____

I certify that my child enrolled above is in excellent health and may participate in physical activities. I agree to hold harmless the Cohasset Public Schools, agents, and/or employees from any and all claims of injuries sustained by my child during his or her participation in this program. I certify that there are no limits to my child's participation except as stated on this form.

Parents/ Guardian's signature _____

Date: _____

**Cohasset Public Schools
Parental Permission, Release and Indemnification Agreement**

I, the undersigned student aged 18 or over, or the undersigned parent/lawful guardian of _____,
(Name of student)
a minor, do hereby consent to the participation of _____, in the Summer Sports
(Name of student)
program offered by the Joseph Osgood School.

I/we understand that participation in the program of event is not required and that participation is voluntary. I/we have read and understood the information provided by the school that explained the program or event, including the training of participants, the eligibility and safety rules, any equipment to be used, the medical insurance requirements and the school's emergency medical plan. I/we have had an opportunity to ask questions and have had all of my/our questions adequately answered by school staff.

I/we understand the activities of this program or event, its rules and requirements and its potential risks. I/we accept these conditions and hereby grant permission or my/our child's participation. I/we hereby forever release the Town of Cohasset, the Town of Cohasset School Department and its officers, employees, agents and volunteers from any and all claims for damages with respect to or in connection with all known and unknown personal injuries incurred by my/our child while participating in the program or event except for damages caused solely by the negligence of the Town of Cohasset School Department or its officers, employees, agents or volunteers. I/we hereby agree to indemnify and hold harmless the Town of Cohasset, the Town of Cohasset School Department and its officers, employees, agents, volunteers with respect to any such claims for damages which are not caused solely by the negligence of the Town of Cohasset, the Town Cohasset School Department or its officers, employees, agents or volunteers.

Student's Name: _____

Parent/ Guardian Signature: _____