

Pickleball Student Permission

Student Name: _____ Grade: _____

Emergency number(s) where parent(s) may be reached on the day of pickleball:

Name: _____ Phone Number: _____

Name: _____ Phone Number: _____

_____ has my permission to participate in pickleball club. I hereby release the Herman-Neosho-Rubicon School District from any responsibility resulting from an injury to my son/daughter. The undersigned applicant agrees to abide by all rules and regulations adopted by the Board of Education governing the use of building and to see that the same are carried out and obeyed by the organization; to assume responsibility for and to make good any damage done to the building or equipment during the period of use; and relinquishing the Board of Education and its officers, agents, and employees from any and all claims arising out of the use of any of the school facilities.

Parent Signature: _____ Date: _____