



**NORDIC SKI TRIP PERMISSON SLIP**

**\*\* Please Bring This Signed Form to Day Trip Check-in on 2/9/19 \*\***

I \_\_\_\_\_ , parent or guardian of \_\_\_\_\_ give permission for my son/daughter/athlete to attend the 2019 Nordic Ski Trip and Indoor Row Day Trip operated by the Hingham High School Rowing Association (HHSRA) on Saturday 2/9/19.

I attest that I/my child am/is in good health and that there is no medical condition that precludes my involvement in the programs of Hingham High School Rowing Association. ("HHSRA"). I grant permission to HHSRA and its employees to administer medical treatment and to secure medical treatment for me/my child in the event of injury or sickness from whatever cause.

\_\_\_\_\_  
(Signature of Parent / Guardian)      (Date)

**Please use the area below to indicate if there is anything we should know about your athlete in the event of an emergency or otherwise:**

Does your athlete carry an EpiPen? (circle one) YES      NO

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent / Guardian Name: \_\_\_\_\_

Best Emergency Contact Number: \_\_\_\_\_

Alternate Emergency Contact Name: \_\_\_\_\_

Relationship to Athlete: \_\_\_\_\_

Best Emergency Contact Number: \_\_\_\_\_