



## Alpha House Nursery School & Kindergarten Physical Activity Release Form

In order to participate in the Physical Activity program with Alpha House in the Holy Family University gym, all students must have a completed release form on file with Alpha House. Once completed and returned the student may participate in the Physical Activity program.

**Student Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Parent/Guardian:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Emergency Contact Person:** \_\_\_\_\_

**Day Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

Is Alpha House authorized to provide medical treatment? Yes\_\_\_ No\_\_\_

Is the participant covered by personal/family medical insurance? Yes\_\_\_ No\_\_\_

If yes, name of insurer: \_\_\_\_\_

Policy or Group number: \_\_\_\_\_

By signing below, the parent/guardian acknowledges and accepts the risks of physical injury associated with participation in the physical activity program. My child has permission to participate.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:**\_\_\_\_\_

## **PHYSICAL ACTIVITY PROGRAM**

Our Physical Activity program will begin on Friday, October 6, 2006. Please complete, sign and return the attached release form as soon as possible.

Your child must wear sneakers or they will not be able to participate.

Thank you.

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