



**YSLETA INDEPENDENT SCHOOL DISTRICT**  
**Permission Slip Form**

<b>ATHLETE'S SCHOOL NAME:</b>	
<b>DATE OF BIRTH:</b>	
<b>LOCATION:</b>	Eastwood High School
<b>COST:</b>	No cost
<b>ADDITIONAL INFORMATION:</b>	Student ID:
<b>COACH'S NAME:</b>	Shawn Trousdale
<b>RETURN SLIP BY:</b>	Upon arrival at Eastwood High School

----- ✂ ----- PARENTS: Cut here. Fill out and return bottom portion to school. ----- ✂ -----

**PERMISSION SLIP**

I give permission for my child, \_\_\_\_\_ to receive the BinaxNOW™ COVID-19 Ag Card rapid-test. While I realize precautions will be taken for the safety of the students, I understand neither the chaperone(s) nor the Ysleta Independent School District and any of its trustees, officers, employees, or organization sponsors are liable for any accident or injuries that may occur to my child as a result of any aspect of his/her participation. In consideration of the Ysleta Independent School District permitting my child to participate in any Ysleta ISD athletic team(s), to engage in all activities related to the team(s), including but not limited to, trying out, practicing, or playing/participating in that sport, I hereby assume all the risks associated with that participation and agree to hold Ysleta Independent School District, its employees, agents, representatives, coaches, licensed athletic trainers, and volunteers harmless from any and all liability, actions, causes of actions, debts, claims, or demands of any kind and nature whatsoever which may arise by or in connection with participation in any activities related to the Ysleta ISD sports team(s) indicated above. The terms hereof shall serve as a release and assumption of risk for myself, my child and our respective heirs, estate, executor, administrator, assignees. In case of an emergency, illness, or accident, I authorize the school's designated representative(s) to consent to immediate medical treatment of my child. I furthermore acknowledge with my signature below that school authorities will notify me or the emergency contact person listed below as soon as possible if an emergency arises:

EMERGENCY CONTACT (NAME)	CELL/WORK PHONE NUMBER(S)

**PARENT/GUARDIAN NAME (PLEASE PRINT)** \_\_\_\_\_

**PARENT/GUARDIAN SIGNATURE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**WORK PHONE** \_\_\_\_\_

**CELL PHONE** \_\_\_\_\_

**HOME PHONE** \_\_\_\_\_