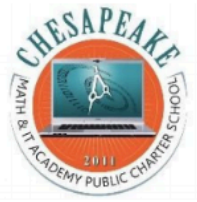




# Chesapeake Math & IT Academy - South MS/HS

9822 Fallard Ct  
Upper Marlboro, MD 20772  
Office: 240 573-7250  
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## CMIT South Open Gym Permission Form

\_\_\_\_\_ (Student's First and Last Name) desires to participate in \_\_\_\_\_ (Name of Program) sponsored by CMIT South. I understand that there are risks associated with my child's participation in this activity, including, but not limited to, sprains, broken bones, or other injuries, and in extremely rare cases, paralysis and even sudden death could occur. I also understand serious injury may occur as a result of certain playing conditions inherent with games played indoors or as a result of improper use of equipment. I understand CMIT South, its coaches and activity sponsors, and all others involved in the administration of this program have utilized every reasonable precaution to minimize or eliminate the potential for injury of students as a result of athletic participation.

By signing below, I certify that I am the parent/legal guardian of the above-named student. I certify that I have been fully informed and understand the risks and dangers to my child through participation in this activity and I hereby assume all risk of injury, damage, and liability arising from my child's participation in this activity. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I request that my son/daughter be permitted to participate in this activity sponsored by CMIT South.

Parent/Guardian Name: \_\_\_\_\_ (Please Print)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Telephone: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_