



Martha Pellegrino, MEd, RDN, LDN, ACSM-CPT
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Dr. Michael F. Fitzpatrick
Superintendent-Director

NUTRITION & FITNESS FOR LIFE PARENTAL CONSENT FORM

School Year: 2023-2024

I/We do not know of any existing physical or mental condition that would preclude participation in the Nutrition & Fitness for Life program.

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I/We the undersigned father and/or mother or guardian(s) of _____ a minor, in consideration of permitting _____ to participate in the Nutrition & Fitness for Life program, do hereby consent to his/her participation in the Nutrition & Fitness for Life program and do forever RELEASE, acquit, discharge, and covenant to hold harmless the Blackstone Valley Regional School District, and its successors, governing body, departments, officers, employees, servants and agents, of and from any and all actions, causes of actions, claims, demands, damages, costs, loss of services, expenses and compensation on account of, or in any way growing out of, directly or indirectly, all known and unknown personal injuries or property damages which we/I may now or hereafter have as the parent(s) or guardian(s) of said minor, and also all claims or right of action for damages which said minor has or hereafter may acquire, either before or after he/she has reached his/her majority resulting or to the result from his/her participation in the Blackstone Valley Regional School's Nutrition & Fitness for Life program.

FURTHERMORE, we/I hereby agree to protect the Blackstone Valley Regional School District and its successors, governing body, departments, officers, employees, servants and agents, against any claims for damages, compensation or otherwise of the part of said minor growing out of or resulting from injury to said minor in connection with his/her participation in the Blackstone Valley Regional School's Nutrition & Fitness for Life program, and to INDEMNIFY, reimburse or make good to the Blackstone Valley Regional School District or its successors, governing body, departments, officers, employees, servants and agents any loss or damages or costs, including attorney's fees, the Blackstone Valley Regional School District or its representatives may have to pay if any litigation arises from said minor's intentional, negligent or reckless acts or omissions while participating in said Nutrition & Fitness for Life program.

I hereby authorize release to the Blackstone Valley Regional School District Nutrition & Fitness for Life staff any medical information pertinent to participation in the program.

Student's Name

Address

Phone #

Homeroom

Town

Date of Birth

Shop

Zip Code

Grade

ID #

Parent Signature

Relationship

(By typing your full name you acknowledge that this is your signature.)

Date

Student Signature

Date

In Case of Emergency

Name

Relation

Phone #

Name

Relation

Phone #