

ATHLETIC PERMISSION FORM

(PLEASE PRINT)

PART I – Parent Permission

Name of Student: _____ Grade: _____ Date of Birth: _____

I know that Lake Country Victory Christian High School of Neosho, Wisconsin, will in no way assume the responsibility for any injuries sustained to any player, cheerleader, manager, statistician, etc., traveling to, from or participating in the scheduled games and practices. I also understand that each sport/activity has its own inherent dangers and potential injury.

- 1) I hereby give consent to the above named students to participate in the following sports (mark out any sport where such consent does not apply):
 BOYS' SPORTS: Basketball, Soccer
 GIRLS' SPORTS: Basketball, Cheerleading, Volleyball
- 2) I agree to ALLOW MY STUDENT TO TRAVEL with the school athletic teams at my own risk. Further, neither the school, drivers, or faculty will be liable to any suit whatsoever resulting from any or in any of the practices, games or travel.
- 3) I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.
- 4) I am also aware that PHYSICAL EXAMINATIONS are the parent's responsibility to schedule in order to clear the student for athletic and cheerleading participation. Evidence of the physical examination (as recorded on the back of this form) must be given the school **before** the student participates in any practice or athletic event.

Parent/guardian: _____ Date: _____
(signature)

In case of emergency: Home Phone (_____) _____

Father's Business Phone: (_____) _____ Cell Phone: (_____) _____

Mother's Business Phone: (_____) _____ Cell Phone: (_____) _____

Other Relative: _____ Relationship: _____

Phone: (_____) _____

Valid only from: JULY 2008 - JUNE 2010

***** OVER FOR MEDICAL INFORMATION *****

