



*Lake Country*

# Victory Christian High School

*“But thanks be to God who gives us the victory through our Lord Jesus Christ.”  
1 Corinthians 15:57*

## Parent Permission to Participate in Athletics

Student's name: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Grade: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Present address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Parent's place of employment: \_\_\_\_\_

Family doctor: \_\_\_\_\_ Dentist: \_\_\_\_\_

Insurance company: \_\_\_\_\_

address: \_\_\_\_\_

policy numbers: \_\_\_\_\_

I, the undersigned parent/guardian, give my permission for the above named student to practice, compete, and represent Lake Country Victory Christian High School in its approved interscholastic sports. I further grant permission for any medical records pertaining to the health of the above named student to be made available as necessary to the proper school personnel.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

## Medical Waiver

In lieu of a medical exam, I agree that Lake Country Victory Christian High School will not be held responsible for any accidents or injuries. I understand that all accidents or injuries are the responsibility of the person signing this waiver. I also understand that this waiver does not take the place of the Athletic Permission form and that after 1 week, my student will not be eligible to participate in athletics until the athletic Permission form is filed with the school.

Parent/guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_