

Grace Lutheran School Extra-Curricular Permission Form

Student Name: _____ Birth Date: _____ Grade: _____

Address (City, Zip): _____

Parent/Guardian Name(s): _____

Parent Cell Phone #: _____ 2nd # Cell or Home: _____

Activity or Athletic Team: _____

Parent/Guardian Initials are required for each of the follow points:

*I have read the Team Handbook and understand the rules for participation in the Activity or on the Athletic Team. _____

*A physical exam by a licensed doctor must be provided before participation on any athletic team. _____

*I acknowledge having received and read the Student Athlete Concussion and Head Injuries Information sheet. _____

*I understand that I am responsible for providing transportation to and from games/meets/contests, and transportation home after each practice session. _____

*I understand that a fee is required for my child to participate in this program. _____

*I give my consent for my child to be photographed during an extra-curricular activity, including participation in practice and/or contests. I understand that these photographs may be shared with other members of the school community, posted in the school, and/or used on the website. _____

*I accept responsibility for the athletic uniform/equipment for the time period between the issue of those items and their return to the coach/activity supervisor. If it is lost, stolen, or damaged, I will make payment for replacement. I understand that Grace Lutheran School cannot accept responsibility for personal items or school property being lost or stolen. _____

Parent/Guardian Signature _____

Parent/Guardian Signature _____

Student Signature _____

Date _____

*In the event that both parents retain legal guardianship of the student, the signatures of both parents are required.

Student Name: _____

**To be completed by the parent(s)/guardians(s) of the student before participation in school sponsored extra-curricular athletic activities-
Release of Liability, Informed Consent, and Assumption of Risk Waiver**

I certify that I am the parent/guardian of the student named above.

I am fully aware of the fact that there are special dangers and risks associated with my child's participation in extra-curricular athletic activities (hereinafter "athletics"), including but not limited to the potential for falls, slips, sprains, broken bones, extreme physical contact with other participants, or outburst of rage by other players, coaches, or referees. In an extremely rare case, paralysis and even sudden death can occur as a result of participation in this activity. Serious injury may also occur as a result of certain playing conditions inherent with athletics played outdoors. Serious injury or sudden death may also occur as a result of improper use of equipment.

Grace Lutheran School, its coaches and activity sponsors and all others involved in the administration of athletics will utilize reasonable precaution to minimize or eliminate the potential for injury by students as a result of athletic participation.

In the event of a medical emergency, and if reasonable attempts to contact me are unsuccessful, I, as parent or legal guardian, do hereby authorize:

1. Treatment by a licensed medical physician of my child/ward in the event of a medical emergency that, in the opinion of the attending physician, may endanger his/her life, cause disfigurement, physical impairment, or undue discomfort if delayed and
2. Transfer my child/ward to any hospital reasonably accessibly at my expense.

I have read and understand this Release of Liability, Informed Consent, and Assumption of Risk Waiver. I certify that I have explained the risks and dangers to my child. In consideration of the acceptance of my child by Grace Lutheran School in its athletic program, and the benefits derived by my child from participation, I hereby release and hold harmless Grace Lutheran School and Grace Lutheran Church; any of their respective boards or committees and such boards' or committees' members, individually, including but not limited to the members of the Elementary Education Committee, individually; coaches; volunteers; medical personnel; supervisors; administration personnel; and other employees and agents of Grace Lutheran Church or School from any liability, actions, causes of action, claims, judgments, costs or expenses, including attorneys' fees, known or unknown at this time, arising out of or in any way related to any loss, damage or injury incurred by or related to my child participating in, or travelling to and from, any practice, game, meet, or special event. I have voluntarily chosen to allow my child to participate and assume all such dangers and risks. I accept full responsibility for medical expenses incurred as a result of participation in or injury sustained by my child in connection with participation in athletics.

[Signatures on next page]

Please affix signatures below:

_____ Parent/Guardian Signature	_____ Parent/Guardian Name (Printed)	_____ Date
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_____ Parent/Guardian Signature	_____ Parent/Guardian Name (Printed)	_____ Date
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_____ Student Signature	_____ Student Name (Printed)	_____ Date
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Date _____

*In the event that both parents retain legal guardianship of the student, the signatures of both parents are required.