

Hephatha Lutheran School

~ATHLETIC WAIVER OF LIABILITY~

Student _____ Grade _____

Sport: Fall _____ Winter _____ Spring _____ Summer _____

Hephatha Lutheran Church & School Extra-Curricular Activities Registration

This form must be completed by the student and his/her parents and approved by Hephatha Lutheran School before a student is allowed to participate in any extra-curricular activity sponsored by Hephatha Lutheran School.

Parents' or Guardians' Permission & Waiver of Liability & Authorization for Emergency Care

I hereby give my consent for the above named student to participate in team sports or extra-curricular activities for this school year. I also agree to reimburse Hephatha Lutheran School for equipment issued to my child should it become lost. I understand that Hephatha Lutheran School cannot accept responsibility for personal items or school uniforms lost or stolen.

I authorize the Athletic Director, School Principal, Coach in attendance at any Hephatha Lutheran School activity to select and secure medical attention as may be necessary for my child as a result of injuries or other events requiring emergency care while I/we are not in attendance at such event.

Photo Release

I hereby give my permission to use photographs in connection with publicity for Hephatha Lutheran Church & School.

I hereby release said school official from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof.

Parent/Guardian Signature _____ Cell phone _____

Family Physician _____ Office No. _____

Dentist Name _____ Office No. _____

Medical Insurance _____ Dental Insurance _____

Group or ID# _____ Group or ID# _____

Allergies _____ Medications _____

Notes: