

EMERGENCY CONTACT INFORMATION AND PARENT RELEASE FORM

Student Last Name _____ First Name _____ MI _____

Mailing Address _____ City _____
ZIP _____

Birth date _____ Gender _____ Grade _____

Father/Guardian _____ Cell phone _____ Home/Work phone _____

Email _____

Mother/Guardian _____ Cell phone _____ Home/Work phone _____

Email _____

Emergency contact name _____ Phone numbers _____

Emergency contact name _____ Phone numbers _____

Family Doctor _____ Phone Number _____ Preferred Hospital _____

Students shall not be permitted to practice or compete for LSA unless the student has medical insurance coverage.

Insurance Provider _____ Group or Policy Number _____

Medical History (Allergies, Previous Broken Bones, etc.)

Release of Personal Liability:

I agree not to sue and hereby release from liability the Staff, Board Members and Coaches of the LSA in the event of any and all bodily injury, property damage or theft, or any other losses suffered by the registered student.

Release to use photographs:

I/We agree to release the LSA to use group and or solo photographs of students for promotional publication (such as but not limited to flyers, webpages, etc). Further I/We agree to allow videotaping of the students for training and/or promotional purposes.

Consent to Transport:

I/We understand that LSA may not provide transportation to all events, and:

PERMIT DO NOT PERMIT our student to drive his/her vehicle in such a case.

PERMIT DO NOT PERMIT our student to ride with student drivers.

PERMIT DO NOT PERMIT our student to ride with other school parents.

Consent to Authorize Emergency Medical Treatment

I/We authorize any and all Staff Members and Coaches to authorize medical treatment, as deemed necessary by said Staff Member and/or Coach, in the absence of the student's legal guardian.

Signature of Legal Guardian _____ Date _____

Copy of Students Physical (REQUIRED) Received _____ Check Number _____

LUTHERAN SCHOOL ASSOCIATION PERMISSION & AGREEMENT

Having read the rules and regulations presented in the LSA handbook and athletic handbook, I give my son/daughter permission to participate in extra-curricular activities @ LSA during the **2016-2017** school year.

I also understand that there is a fee for participation in athletics of \$75.00 for K-12 for one sport or \$150.00 for two or more sports during the year, per which I agree to pay **before** my son/daughter will be permitted to participate.

I also understand that my son/daughter must have a physical on file for this year in order to be permitted to practice for athletics. **(Ninth grade physicals will be sufficient for all ninth graders.)**

Signed: _____ Date: _____
(Parent or Guardian)

I am willing to abide by the rules and regulations presented in the Athletic Handbook, and understand that if I violate any of the rules, consequences may apply; it is my desire to participate in extra-curricular activities at LSA for the **2016-2017** school year.

Signed: _____ Date: _____
(Student)

I.H.S.A. REQUIREMENTS (High School Athletes Only)

The following information will be provided during the individual sports meeting prior to the season, but may be accessed at: www.lsadecatur.net . Your review of this information is a required condition of the IHSA for your student to be eligible to compete for LSA. Please initial each listed item below:

_____ Read and understand the IHSA Steroid Testing Policy and Consent to Random Drug Testing

_____ Reviewed and understand the IHSA Concussion Information Sheet

I have reviewed/received each of the above items and acknowledge the information contained within. This form needs to be signed only once during each school year. A signature on this form indicates acceptance of all information listed above and included in this packet. This information applies to all extracurricular activities for during the **2016-2017** school year.

STUDENT ACKNOWLEDGEMENT AND AGREEMENT

Student Name (Print): _____ Grade (9-12) _____

Student Signature: _____ Date: _____

PARENT/GUARDIAN CERTIFICATION AND ACKNOWLEDGEMENT

Name (Print): _____

Signature: _____ Date: _____

Relationship to student: _____