

# Académie Lafayette Sport Programs



## 2017- 2018 General Release Form

Student:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ 1st Phone: \_\_\_\_\_

2nd Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ 1st Phone: \_\_\_\_\_

2nd Phone: \_\_\_\_\_

Emergency Contacts/ Authorized Individuals to Pick-up Child:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

Parents'/Guardians' Approval and Medical Release:

**Notice of Risk:** Both students and parents/guardians need to be aware that enrolling and participating in certain activities involves a risk of injury. Instructions given by the director/coach must be followed. I understand the risks involved and desire my child to participate in Académie Lafayette's sports activities. \_\_\_\_\_(Initial of Parent/Guardian).

My child \_\_\_\_\_ has permission to participate in \_\_\_\_\_ (sport activity) under the supervision of their designated coaches. I will pick-up my child immediately following practice or make arrangements in advance.

It is my understanding that the staff and faculty, transportation personnel, if applicable, and sponsors will provide reasonable care and safety during practices and games. In the event that I, or my child's other parent/guardian, have any questions or believe the foregoing description to be inadequate, I will contact the school to obtain additional information.

The undersigned does hereby grant permission for the above-named student to participate on the sports team named above, including transportation to and from the activity, if applicable.

Absent willful, wanton, or grossly negligent misconduct, the undersigned agrees that neither Académie Lafayette, nor its employees or officers are responsible for any medical, dental, or hospital bills occurring as a result of injuries sustained by a student while participating in a school sports activity. All injury related expenses shall be the responsibility of the student's parents/guardians.

Académie Lafayette has a completed Student Health Form on file which contains health related information pertaining to my child. I am not aware of any additional health issues or complications (other than the information indicated in the Student Health Form), that would exclude my child from participating in any school activities.

I understand and agree to the following: (1) In the event of a medical emergency and the school is unable to contact me, school personnel may need to share pertinent medical information with those listed as an emergency contact; (2) If the school is unable to reach an emergency contact and there is a medical emergency, my child will be transported to the nearest hospital for care; and 3) I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery and hospital care for my child as may be deemed necessary.

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Signature of Parent / Guardian

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Date