

**LANDMARK CHRISTIAN SCHOOL
ATHLETIC DEPARTMENT
CONSENT FORM**

Athletes Name _____ Date _____

Grade in 2009-2010 School Year _____ Date of Birth _____

My child (above named) has the opportunity to participate in interscholastic organized sports and athletic activities provided or sponsored by Landmark Christian School. I fully realize and acknowledge that, even with coaching and the use of equipment, injuries are a possibility in any sport or athletic activity, and I recognize that, on rare occasions, these injuries can be so severe as to result in total disability, paralysis or even death. Realizing such, and in consideration of my child being allowed to participate in intramural and interscholastic organized sports and athletic activities provided or sponsored by Landmark Christian School:

- 1) I give my express permission for my child to participate fully in any interscholastic organized sports and athletic activities provided or sponsored by Landmark Christian School (including such travel as may be incident to such participation);
- 2) I assume all risks, including any risks associated with any special medical needs or condition of my child (above named), of my child's participation in any such sport or activity (including travel incident thereto);
- 3) I authorize any coach or other adult supervising any sport or athletic activity in which my child participates to obtain on behalf of my child, in my absence and at my expense, any necessary emergency medical services which may be required as a result of an injury to my child in connection with such participation (including travel incident thereto);
- 4) I certify that I have insurance reasonably sufficient to cover my child against injury and loss of life caused to my child or caused by my child in connection with such participation; and
- 5) I agree that all expenses relating to or arising out of any such injuries or loss of life will be my financial responsibility, and my child and I agree to release, hold harmless and indemnify Landmark Christian School and its officers, employees and trustees against any and all claims, liabilities, damages and expenses, including reasonable attorney's fees, with respect to any injuries, regardless of severity, or loss of life relating to or arising out of my child's participation in any such sport or activity.

No student may participate in Landmark's athletic program without proof of medical insurance coverage and a current physical on file in LCS nurse's office. Please fill out information below:

My medical insurance company is: _____ Allergies: _____

My policy number is: _____ Date of Physical: _____ Coach Initials: _____

Emergency Contact Information:

Name: _____ Number: _____ Email: _____

Name: _____ Number: _____ Email: _____

As my child participates in organized sports and athletic activities at Landmark Christian School, I understand that my participation is also critical to the success of the program. I agree to support these programs by volunteering my time working the concession stand, merchandise cart or taking tickets at the gate as scheduled by the team parent. If I am unable to give of my time, I understand that my resources will be important in order to continue these programs. If I so choose, I may opt out of any volunteer assignment for a fee of \$50.00.

_____ **Yes**, you can count on me to serve as I am scheduled by my team parent understanding if my commitment has not been met at the end of my child's sport's season I will be billed \$50.00.

_____ **No**, I am not able to serve, so you may bill my account \$50.00 to cover my shift.

I/WE HAVE READ THIS CONSENT FORM CAREFULLY AND UNDERSTAND ITS CONTENTS.

Parent or Legal Guardian _____ Date _____
(signature)