



**Athletic Activities Permission Form
Lakeshore Public Schools
2018-2019 School Year**

Your son/daughter has indicated an interest in interscholastic athletics. In order for him/her to participate, please read the attached sheets and fill out the following information. MIDDLE SCHOOL ATHLETES ARE TO RETURN THIS SHEET TO THE MIDDLE SCHOOL OFFICE . HIGH SCHOOL STUDENTS ARE TO RETURN THIS SHEET TO THE HIGH SCHOOL OFFICE.

I. FAMILY INFORMATION

Student's Name _____ Grade _____ Birthdate _____

Address _____

Parent's Name _____

Parent's E-Mail Address _____

Home Phone _____ Parent's Cell Phone _____

II. STATEMENT TO BE SIGNED BY STUDENT AND PARENT/GUARDIAN

I have read the Code of Conduct, and I agree to abide by the regulations stated therein. I have also discussed this with my parents/guardians and they attest to this by their co-signature.

Student/Athlete's Signature _____

Parent's Signature _____

III. INJURY CONSENT WAIVER

In case of medical treatment a representative from the Athletic Department will contact you for permission and direction. If we are unable to contact you, we will administer the necessary aid.

OR

I do not agree to the above procedure and will accept full responsibility in case medical treatment is necessary.

I have read the above statement and agree to the procedure involved.

Parent's Signature _____

OVER (Please complete back side of form)

IV. ATHLETIC INSURANCE

Please read the attached sheets and indicate your preference by choosing one of the following options and sign on the signature line.

I desire the student accident insurance for my son/daughter.

OR

I accept the financial responsibility for the injury to _____
(Student's name)
and I will not hold Lakeshore Public Schools responsible for the medical coverage in case of injury.

Parent's Signature _____

V. FINANCIAL RESPONSIBILITY

Each athlete is responsible for his/her athletic equipment issued to him/her by the coaching staff. If this equipment is stolen, lost, or damaged he/she will be held responsible for the cost of replacement.

Athlete's Signature _____

Parent's Signature _____

USE OF PRIVATE TRANSPORTATION FOR ATHLETIC EVENTS

In some instances, it is necessary to have parents and coaches transport athletes to and from some athletic contests. We understand this is neither ideal, nor desirable situation, but need to do so under present circumstances. Please complete the following indicating your permission for your son/daughter to ride with a qualified driver.

I, _____ give my permission for _____
(Parent or Guardian) (Athlete's Name)

to ride to and from contests with a legally licensed, insured adult driver whose name, driver information and proof of insurance is on file with the athletic department. I understand that student-athletes will not be used to transport other student-athletes.

Parent or Guardian Signature _____ Date _____

OR (Sign only one)

I, _____ prefer that _____
(Parent or Guardian) (Athlete's Name)

NOT ride with anyone other than his/her parent or coach.

Parent or Guardian Signature _____ Date _____

Note: No athlete will be allowed to participate until this sheet is signed and all forms returned.