

Lake Christian Academy Individual Release / Waiver Form

Complete one form for each student, player or participant (coaches, players, students, assistants, etc.) who will have access to the team area or will be involved in school activities. Only one form per person is needed.

Please Print Player	Coach Oth	her (specify)		
Last Name	First Name		Initials	
Address	Birth date	E-mail Addres	s	
City/State/Zip	Home	Phone	Work Phone	
IN CASE OF AN EMERGENY	NOTIFY:Name and phor	ne number		
PER	SONS UNDER 18: PARENTS PLE	EASE COMPLETE	THIS SECTION	
I/We the parent(s) of	in c	consideration for the	use of Lake Christian Academy's	
associated with his/her participat heirs, assigns or guardians of sta release. My child is in good heal	in content in the service of the ser	ake Christian Acaden I, the undersigned, ha	ny. This waiver and release extend we read and understand the forego	ls to all ing
associated with his/her participat heirs, assigns or guardians of sta	ion in any activity at/representing Lated child or action in his/her behalf. I	ake Christian Acaden I, the undersigned, ha	ny. This waiver and release extend we read and understand the forego	ls to all ing
associated with his/her participat heirs, assigns or guardians of starelease. My child is in good heal games. Mother's Signature	ion in any activity at/representing Lated child or action in his/her behalf. I	ake Christian Acaden I, the undersigned, ha would prevent or res	ny. This waiver and release extend we read and understand the forego	ls to all ing
associated with his/her participat heirs, assigns or guardians of starelease. My child is in good heal games. Mother's Signature	ion in any activity at/representing Lated child or action in his/her behalf. I	ake Christian Acaden I, the undersigned, hat would prevent or research	ny. This waiver and release extend twe read and understand the forego strict him/her from any of these act	ls to all ing
associated with his/her participat heirs, assigns or guardians of sta release. My child is in good heal games. Mother's Signature Father's Signature I, the undersigned, in considerati and officials from any and all lia Academy. This waiver and relea	ion in any activity at/representing Lated child or action in his/her behalf. Ith and has no physical condition that the hand has no physical condition that FOLLOWING SECTION Months on for the privilege to participate do bility associated with my participations form extends to all heirs, assigns of lition that would prevent or restrict in	Ake Christian Academ I, the undersigned, has would prevent or resorted by the work of the	TED vaive said school, it's employees, vor any activity representing Lake Celf or action in my behalf. I am in g	ls to all ying tivities or volunteers Christian good

Rev. 3 5/10/2016