



I give my permission for (Name) _____(Grade) _____ to participate in all Lakewood Christian Schools sports teams in practices, activities and games. I agree to assume the responsibility of seeing that my child(ren) cooperates with and conforms to the fullest with school rules and athletic policies. I further agree to assume the responsibility of my child(ren) and his belongings. I give my consent to the coaches and/or officials in charge to seek medical help for my child(ren).

For and in consideration of the transportation being provided via private vehicle to the Christian Athletic League sports events, held at various Christian school locations, I/we agree to indemnify, save, and hold harmless Lakewood Christian Schools, its officers, agents, and employees from any claims or demands of any nature whatsoever made by any person or organization, arising either directly or indirectly out of said activity or out of the commuting to and from the aforementioned activity. Transportation will be provided by licensed and insured drivers. Lakewood Christian Schools has copies of each individual's license and proof of insurance on file. I consent for my child to be transported to and from games in a privately owned, operated and insured vehicle. **(Parent Initial_____)**

I consent and assume responsibility for the issued uniforms for my student(s) sport season. Any items damaged or not returned by the deadline will pay the fee of \$125 per item. **(Parent Initial_____)**

_____/____ We have carefully reviewed the Lakewood Christian Schools Athletics Expectations. We understand the conditions for participation in Lakewood Christian Schools Athletics and we understand there are inherent risks associated with participation.

_____/____ We understand that a GPA of 2.0 or higher is required to participate in athletics.

_____/____ We agree to represent Lakewood Christian Schools in a positive light on and off the field. This includes supporting decisions of coaches, maintaining a positive attitude at games and communicating any concerns directly with the coaches or Athletic Director 24 hours post game and or practices.

Parent Name: (please print) _____

Parent Signature: _____ Date: _____

Student Signature _____ Date: _____

Phone Number (1): _____ Phone Number (2): _____

Office Use Only: Season Sport Fee Paid: Yes / No Curacubby_____