

**Immanuel Lutheran School
Silo Athletics
Permission & Waiver Form
2020-2021**

I grant permission for my child, _____, to participate in athletics at Immanuel Lutheran School - Silo during the 2020-2021 school year.

Please circle the sport(s) you anticipate your child participating in. Participation is not bound or limited to what you select at this time.

3rd-8th: **Soccer** **Basketball** **Softball**
5th-8th Only: **Cross Country** **Volleyball**

I am aware of the policies and rules governing eligibility and participation in athletics that are in the student handbook, athletic guidelines, and academic eligibility policy. In the case of a medical emergency I understand that every effort will be made to contact me or the emergency contact person. However, if I cannot be reached, I give permission to the staff to secure the services necessary, including hospitalization, anesthesia, injection, or surgery for my child's well-being. I hereby agree to indemnify and hold harmless Immanuel Lutheran School - Silo, employees, volunteer coaching staff, and officials from any liability. I agree to arrange for transportation for my child to and from games and also home from after school practices.

Signature of Parent or Legal Guardian: _____ Date: _____

Please explain any health conditions or limitations that coaching staff should be made aware for this athlete:

Emergency Contact Information

Parent / Guardian _____ Home # _____ Cell # _____

Parent / Guardian _____ Home # _____ Cell # _____

Emergency Contact: _____ Home # _____ Cell # _____