Atonement Lutheran School

Florissant, Missouri

2017-2018

EXTRA-CURRICULAR ACTIVITY AND SPORTS CONSENT FORM

Grades 3 - 8

Student Name	Date of Birth	Grade
As a student of Atonement Lutheran School, athletic policies of my school and will do Christian conduct becoming a student of this (a privilege and not a right.	my best to represen	t my Lord and school with
Student's Signature	Date	
Parent Name		
As a parent/guardian for the above named studenth the athletic policies of Atonement Lutheran Sc my Lord and school with Christian conduct be give my consent for him/her to participate responsible for having my child receive a sport	hool for my child and ecoming a parent of in interscholastic ac	d will do my best to represent this Christian school. I also tivities. I also agree to be
I further assume all responsibility for my ch health conditions which may or may not have hold responsible Atonement Lutheran School of at practices or games.	been identified by hi	s/her physician, and I do not
I also give permission for my child to accomp not hold the school responsible in case of ac school's agent (coach) to obtain any necessary the welfare of my child if he/she is injured in the	cident or injury. I a great a great control of the	also give my consent for the care which is reasonable for
Parent/Guardian Signature	Date	