



(Please return these forms and the \$100/year to Ms. April)

ATHLETICS PARTICIPATION FORM

I, _____ (Parent) am aware that my child _____ will be practicing on/off campus this season. As a participant in this program, I recognize that there are certain risks of physical injury and during training. I agree to assume full risk of any injury that may be sustained while participating in LMS Athletics. I have also read/reviewed LMS Athletics' expectations as a student athlete.

Participating in: Cross Country_____ Basketball_____ Soccer_____

Student Name:_____

Date of Birth:_____ Grade:_____

Name of Parent/Guardian:_____

Cell Number:_____ Work Number:_____

Home Number _____

Email:_____

Emergency Contacts/Phone/Relationship to Student:

1. _____

2. _____

3. _____

Physician Name:_____

Telephone:_____

Hospital of Preference: _____



TRANSPORTATION LIABILITY WAIVER

If parents/guardians provide transportation to, or allow another student, adult, or their son/daughter to provide transportation to scheduled interscholastic athletic events, including practices, they must be aware that the following policies are in effect:

- Where a parent/guardian provides transportation to their son/daughter to or from a scheduled event, including practices, the parent/guardian shall assume all resulting liability, and the school shall assume no liability.
- Where a parent/guardian, or another adult designated by a parent/guardian transports students other than their own to or from a scheduled event, including practices, the parent/guardian or designated adult transporting the students shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports himself/herself to or from a scheduled event, including practices, the parents/guardians of that student shall assume all resulting liability, and the school shall assume no liability.
- Where a student transports other students to or from a scheduled event, including practices, the parents/guardians of the transporting student shall assume all resulting liability, and the school shall assume no liability.

I have read the Athletic Transportation Policy and agree that I shall assume all liability for negligently caused injuries resulting from the following situations:

- Where I transport my son/daughter to or from a scheduled event;
 - Where I transport other students to or from a scheduled event, or I, as a parent/guardian, give permission to another adult to transport my son/daughter home from a scheduled event and have explained to the designated individual that s/he will assume all liability;
 - Where my son/daughter transports himself/herself to or from a scheduled event; or
 - Where my son/daughter transports other students to or from a practice or scheduled event.
- I also agree that Lowcountry Montessori School shall assume no liability whatsoever for negligently caused injuries resulting from the above situations or any other situation where contracted transportation is not being used to transport athletes.

STUDENT/CHILD NAME _____

PARENT/ GUARDIAN SIGNATURE & DATE _____