



(Please return this slip to Ms. Suzane and the \$100/year to Ms. April)

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:** *Volleyball* \_\_\_\_\_ *Cross Country* \_\_\_\_\_ *Basketball* \_\_\_\_\_  
*Soccer* \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_

**Name of Parent/Guardian:** \_\_\_\_\_

**Cell Number:** \_\_\_\_\_ **Work Number:** \_\_\_\_\_

**Home** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Emergency Contacts/Phone/Relationship to Student:**

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**Physician Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Hospital of Preference:** \_\_\_\_\_