

Lehigh Christian Academy
Interscholastic Athletics Program Manual

Appendix C
Athletic Permission Slip

Name: _____ Grade: _____ Date of Birth _____

Sport/activity: _____ School Year _____

Emergency Phone Number: _____

Email Address _____

To the Parent or Legal Guardian:

In order that your child may participate in interscholastic athletics at Lehigh Christian Academy, it will be necessary for you to give your written consent. It must be understood that time after school will be required for competition as well as practices. It is further understood that Lehigh Christian Academy is not responsible to student athletes or parents for any accident or injury that may occur as a result of participation in these activities.

Signature of Parent or Legal Guardian

To the Student Athlete:

You will be expected to conduct yourself in a Christ-like manner at all times and follow the guidelines found in the Lehigh Christian Academy athletic handbook. Your signature below indicates that you have read the Lehigh Christian Academy athletic handbook and will conduct yourself according.

Signature of Student Athlete

Physician's Certificate

All athletes are encouraged to have a physical examination conducted by a physician prior to participation in a sports program. Please indicate below your decision concerning this examination:

1. I certify examination of the above listed athlete and approve of his/her participation in the indicated sport/activity:

Signature of Physician & Date

2. I waive the physician's examination and signature on this form and accept full responsibility for my decision to allow my child to participate without a physical examination.

Signature of Parent or Legal Guardian