



***St. Peter's Lutheran School
Parent Consent
&
Liability Waiver Form***

Name of Participant: _____

Sport or Activity: _____

I, _____, the parent or guardian of the above-mentioned participant, gives permission to my son or daughter to participate in the SPLS sports program for the 2009 - 2010 school year in the above-mentioned sport or activity. I do further agree to hold harmless the Board of Education, faculty and staff, and congregation members of St. Peter's from all suits or claims arising out of or in connection with the sports program and activity in which my son or daughter in participating.

Signature of Parent or Guardian

Date

Please send \$15 with this form for the participation fee (grades 3-8). Make checks out to St. Peter's Lutheran School.

In case of emergency, we will contact the following person at the number provided.

Emergency Contact

Phone Number

Please list below any medical conditions or concerns your child's coach should be made aware of that may affect your child's participation.

