

# CO-CURRICULAR PERMISSION FORM

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## Part I – Parent Permission (Only one form per school year is required.)

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

I understand that Trinity Oaks will in no way assume the responsibility for any injuries sustained to any student, participant, adult sponsor, player, cheerleader, manager, statistician, etc. traveling to, from, or participating in the scheduled events, games or practices. I also understand that each sport/activity has its own inherent dangers and potential injury:

1. I hereby give consent to the above named student to participate in,

_____ Basketball	_____ Volleyball
_____ Cheerleading	_____ Other
_____ Cross Country	

2. I agree to ALLOW MY STUDENT TO TRAVEL with the school for activities at my own risk. Further, neither the school, drivers, nor faculty will be liable to any suit whatsoever resulting from any or in any of the practices, games, or travel.
3. I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.
4. A \$80.00 fee for each co-curricular activity is required: \_\_\_\_\_

Parent or guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

In case of emergency: Home Phone \_\_\_\_\_ Father's Work/Cell Phone \_\_\_\_\_

Mother's Work/Cell Phone \_\_\_\_\_

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## Part II – Valid Only For the \_\_\_\_\_ to \_\_\_\_\_ school year.

Nearest relative to contact if parents cannot be reached:

\_\_\_\_\_  
Name Relationship  
Phone(\_\_\_\_\_) \_\_\_\_\_

Child's doctor \_\_\_\_\_ Phone(\_\_\_\_\_) \_\_\_\_\_

Parent's doctor \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

Allergies to medicines or other allergies: \_\_\_\_\_