

CO-CURRICULAR PERMISSION FORM

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,

_____ Volleyball	_____ Cross-Country
_____ Basketball	_____ Fine Arts Activities
_____ Cheerleading	_____ Choir Activities

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 \$50.00 fee for **each** co-curricular activity: _____

Parent or guardian Signature _____ Date _____

In case of emergency: Home Phone _____ Father's Work Phone _____

Mother's Work Phone _____ Other Relative's Phone _____ Cell Phone(s) _____

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: _____