

UPTON LAKE CHRISTIAN SCHOOL
ATHLETIC DEPARTMENT
HOMESCHOOLERS

PERMISSION/EMERGENCY FORM

PLEASE PRINT OR TYPE (One form for each child in a family)

Student's Name _____ Gr _____

Parent/Guardian Name _____

Address _____

Home Phone # _____ Cell Phone _____

Parent's Business Phone _____

Nearest Relative or Neighbor's Phone # _____

Hospital Preference _____

Family Doctor Name _____

Family Doctor Phone # _____

Soccer _____ and/or Basketball _____ and/or Baseball _____

I give permission for my child, _____, to play a sport(s) as indicated above for Upton Lake Christian School during the school term. I also give my permission for my child to be driven to away games by volunteer drivers. (As you know our school van is not able to carry all of our sports team players. Our volunteers are always adults; we will not allow Students to ride other students to away games.) There is a \$65.00 fee per sport per student. We have a maximum of \$200.00 fee per family for the year.



(Parent's Signature)

PLEASE LIST:

Long term physical disabilities: _____

Allergic Reactions to Medications: _____

Allergies: _____

Other Concerns: _____

In the event of an away game or I cannot be reached in an emergency situation, I hereby give the coach authorization to act in my behalf. I give further permission to any emergency squad, doctor, or emergency room attendant to treat my son/daughter if I am not present.

Parent's Signature _____

Date _____



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