



Our Redeemer Lutheran Church and School

1400 East "E" Street, North Platte, NE 69101

Pastor: Rev. Daniel J. Ramsey
(308) 532-4753
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Principal: Mrs. Wende Carson
(308) 532-6421
Fax: (308) 532-0295
orls.np@gmail.com

ATHLETIC ACTIVITY PERMISSION FORM

Student's Name

Grade

Date of Birth

Please mark the athletic activity in which your child will be involved:

Volleyball

Basketball

I, the Parent/Guardian of the above named child, hereby give permission for his/her participation in the athletic activity marked above. I agree to direct my child to cooperate and conform to directions and instructions of church and school personnel responsible for the athletic activity. Participation is subject to maintaining academic guidelines as stated in the Student Handbook.

I agree that in the event my child is injured as a result of his/her participation in the above listed activity, including transportation to and from this activity, whether or not caused by the negligence (active or passive) of the church/school athletic program, or any of its agents or employees, recourse for the payment of any resulting hospital, medical, or related costs and expenses will first be made against any accident, hospital, or medical insurance or any available benefit plan of mine or of my spouse.

I am not aware of any medical condition of my child that renders it inappropriate for him/her to participate in any such activity.

I hereby give permission to the physician selected by the athletic supervisory personnel then present to render medical treatment deemed necessary and appropriate by the physician.

Parent Guardian Name (Please Print)

Parent/Guardian Signature

Home Address (Street, City, Zip)

Home Phone

Work Phone

Cell Phone

***Note: Transportation to and from games and practices is not provided by the school.**

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MEDICAL INFORMATION

Does this player have any medical condition that might affect his/her ability to participate in the activity marked above?

No Yes (Please explain) _____

Is this player required to take medication?

No Yes (Please explain) _____

Person (other than Parent/Guardian) to notify in case of emergency:

Contact Name (Please Print)

Contact Phone #

Contact Phone #

Contact Name (Please Print)

Contact Phone #

Contact Phone #

***No student may attend/participate in any athletic activity without a signed parent permission form.
Permission may not be given over the phone.***