

Living Water Christian School

Warrior Athletic Department (WAD) Parent and Student Agreement Form

As a parent of an athlete at Living Water Christian School, I agree to abide by the following agreement.

1. I have read the LWCS Athletic Handbook and agree to abide by and uphold all of the policies stated therein.
2. I give consent for my son/daughter to participate in LWCS athletic program and will hold my son/daughter to the expectations and policies outlined in the Athletic Handbook.
3. I agree to meet all financial obligations regarding the athletic program on time unless prior arrangements with the Athletic Director have been made. I also agree to provide all necessary documentation as required by the Athletic Department.
4. I will seek to uphold the Christian witness of the LWCS athletic program in my behavior as a parent and a spectator.
5. I agree to utilize the Matthew 18 principle in resolving conflicts.
6. I understand that my son/daughter or myself may be asked to leave the athletic program if we do not uphold the policies of LWCS athletics as stated in the LWCS Athletic Handbook.

Parent Signature

Date

Parent Signature

Date

As a student participating in athletics at Living Water Christian School, I agree to abide by the expectations listed below.

1. I have read the LWCS Athletic Handbook and will abide by and uphold all of the policies stated therein.
2. I agree to uphold the Christian witness of LWCS athletics at all times.
3. I agree to utilize the Matthew 18 principle in resolving conflicts.
4. I understand that I can be dismissed from the program if I do not follow the guidelines listed in the LWCS Athletic Handbook.

Student Signature

Date

EMERGENCY TREATMENT FORM

To All Parents:

Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent's consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Sport: _____ Sex: M _____ F _____

Grade: _____ Age: _____ Date of Birth: ____/____/____

Parent's Name: _____

Father's SS#: _____ Mother's SS#: _____

Work Address: _____

Phone Number: _____

Home Address: _____

Phone Number: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Numbers: _____

ALLERGIES: _____

Consent Statement: Authorizing Treatment

Parent's Signature: _____

Student's Signature (if over age 18):

PARENT'S CONSENT

I hereby give my consent for _____ to represent
(Name of Student)
_____ in the sport of _____
(Name of School) (Name of Sport)

Date: _____

Signature: _____