

# CHRIST LUTHERAN SCHOOL

11720 Nieman Road • Overland Park, Kansas 66210 • 913.754.5888



## Parent/Guardian Permission

I hereby give consent for the above student(s) to represent his/her school in interscholastic activities. I give my consent for him/her to accompany the team on out-of-town trips and will not hold the school responsible in case of an accident or injury. In the event of an emergency, an effort will be made to contact a parent or guardian. If this is not possible, I also give my consent and authorize the school to obtain, through a physician of its own choice, such medical care as is reasonably necessary for the well-being of the student(s), including first aid treatment, hospitalization, injections, anesthesia and surgery.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

The Kansas City Lutheran Athletic League strongly recommends that every student covered by insurance. Please provide the following information:

Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

### If you do **not** have insurance, you must sign the following waiver:

I acknowledge that I do not have adequate health insurance to cover injuries to my child(ren) and will assume responsibility for all medical expenses if an injury should occur as a result of school athletics. I will not hold the KCLAL, my child's school, administration, employed teachers, volunteers (coaches, etc.), and officials (employed by the KCLAL) responsible for the injury.

\_\_\_\_\_  
Parent or Guardian Signature  
(only need to sign if you do not have insurance)

\_\_\_\_\_  
Date