



LIVING WORD CHRISTIAN SCHOOL

**STUDENT EXTRACURRICULAR ACTIVITIES
TRAVEL AND INSURANCE**

Student Name: _____ Address: _____

Grade: _____ Height: _____ Weight: _____ Birthday: _____ Email: _____

Cell Phone #: _____ Home Phone: _____

Parents Name: _____ Cell Phone: _____

Parents Name: _____ Cell Phone: _____

Health Insurance Provider: _____ Group Number: _____

Student Medical Conditions: _____

Allergies: _____

TRAVEL RELEASE

My Student _____ has my permission to travel with 11th or 12th grade students as drivers to athletic team practice and/or games. I understand that the bus, van, or individual private vehicle may transport teams. I understand further that according to school policy, I/we are technically responsible for all transportation for our student(s) both for games and practices. Furthermore, I/we hereby give Christian High School, its representatives and staff, the right to seek necessary medical treatment for the above name student during athletic practice or games.

Parent Name: _____ Relationship to Student _____

Parent Signature _____ Date: _____

INSURANCE COVERAGE

The above named student has insurance coverage which includes injuries/illness sustained during athletic activities (practices, competitions, and travel and team functions). I/we hereby give our consent for him/her to participate in extracurricular activities including sports.

INSURANCE WAIVER

The above named student does not have insurance coverage for athletic activities. I/we hereby give consent for him/her to participate in all extracurricular activities, including sports. I/we consent to release Christian High School, its coaches, and staff from all liability whatsoever resulting from said participation in the above mentioned activities.