



ATHLETIC WAIVER

PARENTS, PLEASE READ THE FOLLOWING AND SIGN AS INDICATED.

It is the policy of Lubbock Christian School as authorized by the Trustee Committee to require all athletes to be covered by the appropriate medical insurance. Medical insurance coverage is required for a student to participate in any LCS athletics. Lubbock Christian School will not provide medical insurance. Medical insurance coverage for the athlete must be provided by the family medical insurance policy.

Prior to the first workout, each athlete must have obtained and have on file in the Athletic Director's office a Physician's Certificate, a medical questionnaire and this completed Athletic Waiver form.

I hereby give my consent for the student named herein to participate in strength and conditioning program, and to travel with the coach or other representative of the school on any school sponsored trips.

It is understood that Lubbock Christian School does not assume any responsibility in case an accident occurs. The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the student named herein.

(Name of student)

In case of emergency, I give permission to Lubbock Christian School, or its representatives, to obtain medical treatment for my child in my absence. (LCS athletes must be covered by appropriate medical insurance under their family medical insurance policy.)

Signature of parent or guardian

Date

Medical Insurance Company

Group and/or Policy Number

*PLEASE LIST ANY ALLERGIES
TO MEDICATION*

PHONE NUMBERS WHERE WE CAN BE REACHED IN CASES OF EMERGENCY:
