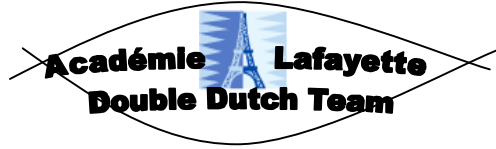


# Académie Lafayette Sports Program



## 2008 - 2009 General Release Form

Student:

Last Name \_\_\_\_\_ First Name: \_\_\_\_\_ Age: \_\_\_\_\_

Teacher's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Gender: \_\_\_\_\_

Position preferred (optional): \_\_\_\_\_

Father's Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Cell ph: \_\_\_\_\_ Home/Work: \_\_\_\_\_

Other people authorized to pick up your child and emergency contacts:

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

### **Parents/Guardians' approval and Medical Release**

My Child \_\_\_\_\_ has permission to stay with Mr. Fall and assistants working with him. I will pick up my child immediately following practice or make arrangements in advance. This is NOT an aftercare program. After two pick-up time violations, your child is dismissed from the program.

I agree to allow my child to participate in the Academie Lafayette \_\_\_\_\_ Sports Program.

It is my understanding that Mr. Fall, the staff and faculty, transportation, and sponsors will provide reasonable care and safety during practice and games. In the event that I, or my child's other parent/guardian, have any questions regarding the plans or believe the description to be inadequate, I will contact the school to obtain additional information.

The undersigned does hereby give permission for the above-named student to participate on the sports team named above, including transportation to and from the activity, if applicable.

Therefore, the undersigned agrees on his/her own behalf of the student named above not to sue Académie Lafayette or its employees for any amount in excess of valid and collectible insurance in force and effect, thereby protecting said Charter School, its officers, and employees free and harmless from any and all liability in excess of the insurance coverage as aforesaid. Nothing herein is intended to nor shall it be construed to release any insurance company or any third party from any obligation to pay under any liability insurance or other benefits.

**There is a completed A.L. Student Health Form on file with the school.**

**I know of no health reason(s) other than the information indicated on the form, why my child should not participate in any school activity. I understand and agree to the following: (1) in the event that a parent or guardian cannot be reached, school personnel may need to share pertinent medical information with those listed as an emergency contact, and (2) if no one listed on this sheet can be reached and there is a medical emergency, my student will be transported to the nearest hospital for care.**

---

Signature of parent / guardian

---

Date