



INSPIRING LIFE-LONG LEARNING

THE SCHOOLS OF BETHANY LUTHERAN

CULTIVATING CHRISTIAN CHARACTER

ATHLETIC EVENT PERMISSION SLIP

The undersigned hereby requests and grants permission to take to the event described below and to seek medical assistance if and when necessary for: _____.

(name of child)

DESCRIPTION OF EVENT: _____

to be played at: _____ in the city of _____ on _____

The team will be leaving Bethany Lutheran School at _____, and the game/match/meet begins at _____.

Your child will return to Bethany Lutheran School at approximately _____.

Please pick up your child promptly after the event or he/she will be sent to Extended Day Care.

Check here to have your child sent directly to EDC. (EDC closes at 6pm.)

Coach _____ will be in charge of this event and will assist parents in providing transportation.

Please fill out the bottom section of this form if you are able to provide transportation to/from this event.

With this signed agreement, I/we absolve the Teacher, Coach, Athletic Director, Principal, Bethany Lutheran School, and any and all of its governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a teacher or coach and subject to the teacher or coach's clear instructions, and I/we assume personally and exclusively all responsibility and liability for accident, injury, etc., that occurs and affects the above-named child during the time of the event specified above, including transportation to and from the event, beyond those areas covered by the School Accident Policy.

Signature of Parent/Legal Guardian: _____ Date: _____

Home phone: _____ Work phone: _____

Cell phone 1: _____ Cell phone 2: _____

Are you able to drive for this event? Y N Number of seat belts for kids ____ (Not including front seats with air bags)



Cut here and return top portion. Keep bottom portion at home for trip details.

Child's Name: _____ Destination _____ Date: _____ Game/Match Time: _____

Students will leave school at: _____ Students will be back by: _____

Other Important Details: _____

I offered to drive - Y N Number of seat belts I am providing ____ (Not including front seats with air bags)