

LIBERTY ELEMENTARY DISTRICT



PERMISSION TO PARTICIPATE IN ATHLETICS

Circle all that apply

6th 7th 8th Male - Female

Sport(s)

Baseball - Basketball - Cheer - Cross Country - Mascot – Soccer – Softball - Volleyball

I give my child, _____, permission to try-out for the sport(s) circled to the right. Should s/he make the team, this also serves as permission to participate in practices and games associated with the sport. I understand that my child must have had a **physical examination** within the last calendar year with the appropriate form submitted to our office, and that s/he must have **health insurance** to cover accident or injury. I also understand that I must provide **transportation after try-outs, practices, and games**. If emergency service involving medical action or treatment is required, and parent(s)/guardians(s) cannot be contacted, **I hereby consent for my child named above to be given medical care by the doctor selected by the school.**

Please initial below your choice regarding transportation.

_____ My child is to use **only** District provided transportation to and from Liberty District athletic events.

_____ My child is to use District provided transportation **OR** to be picked up only by _____ (name) after Liberty athletic events.

Parent/Guardian signature

Date signed

Name of Insurance Carrier

Policy number

Parent/Guardian name (please print)

Home and work phones

THE LIBERTY SCHOOL DISTRICT

Liberty School (623) 327-2810 • Estrella Mountain (623) 327-2820 • Rainbow Valley (623) 327-2830
Westar (623) 327-2840 • Freedom (623) 327-2850