

**LANSING CHRISTIAN SCHOOL (LCS)
SUMMER 2008 – TENNIS PROGRAM
EMERGENCY CONTACT/LIABILITY RELEASE FORM**

PLEASE RETURN THE SIGNED COMPLETED FORM TO: Coach Winters *or to*
Lansing Christian School (Attn: Mrs. H. Dunn), 3405 Belle Chase, Lansing, MI 48911

NAME OF ATHLETE: _____

GRADE ATHLETE IS ENTERING: _____

PARENTS' NAMES: _____

HOME ADDRESS: _____

PHONE #'S: HOME: _____

WORK: _____

CELL: _____

E-MAIL ADDRESS: _____

EMERGENCY CONTACT PERSON: _____

EMERGENCY PERSON'S PHONE #: _____

“IN CONSIDERATION OF STUDENT ATHLETE’S ENROLLMENT IN THE LCS SUMMER TENNIS PROGRAM, I HEREBY RELEASE LCS AND ITS EMPLOYEES AND REPRESENTATIVES FROM ANY LIABILITY FOR INJURIES SUSTAINED BY MY CHILD WHILE PARTICIPATING IN THE PROGRAM. THIS RELEASE SHALL APPLY TO ANY ACTS OR OMISSIONS ON THE PART OF PROGRAM AND ITS REPRESENTATIVES AND TO ANY ACTS OR OMISSIONS OF OTHER PARTICIPANTS. I RECOGNIZE THAT AS A RESULT OF ATHLETIC PARTICIPATION, MEDICAL TREATMENT ON AN EMERGENCY BASIS MAY BE NECESSARY, AND FURTHER RECOGNIZE THAT THE PROGRAM REPRESENTATIVES MAY BE UNABLE TO CONTACT ME FOR MY CONSENT FOR EMERGENCY MEDICAL CARE PRIOR TO IT BEING PROVIDED. I DO HEREBY CONSENT IN ADVANCE TO SUCH EMERGENCY CARE, INCLUDING HOSPITAL CARE, AS MAY BE DEEMED NECESSARY UNDER THE THEN-EXISTING CIRCUMSTANCES AND TO ASSUME THE EXPENSES OF SUCH CARE. I UNDERSTAND THAT EACH PARTICIPANT ATTENDING MUST BE COVERED BY HIS OR HER OWN PERSONAL OR FAMILY ACCIDENT AND ILLNESS INSURANCE.”

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____