Insurance Waiver

(Informal Parental Consent)

_____ _____

(Athlete's Name) (School Year)

Sport(s): Circle all those sports in which your child plans to participate.

SOCCER VOLLEYBALL BASKETBALL CHEERLEADING

SOFTBALL TRACK & FIELD

In consideration of my child participating in the co-curricular athletics of St. Peter Lutheran School and/or the Fox Valley Wels Athletic League, we the undersigned feel that we have adequate insurance protection for our child, and agree to hold all officers, and all individuals associated with these activities, free from all liability for any injuries which may be sustained while practicing or participating in any interscholastic sport. In the event of serious injury, in cases where we, the parents of the child cannot be contacted, I authorize the coach and/or athletic director to seek proper medical attention for my child.

_____ _____

(Signature of Parent or Guardian) (Date)

(Your child needs to have a sports physical done prior to participation)