



PLEASE PRINT

This form is to SIGNED and RETURNED for all students. (Kindergarten – Grade 12)

I _____ give permission for _____
 (Parent/Guardian Name) (Student's Name)

to participate in extra-curricular programs with **LIGHTHOUSE CHRISTIAN ACADEMY**. I am aware that the extra-curricular activities will center on the educational experience of my child. I am also aware that I will be responsible for the transportation of my child to and from the activities unless otherwise stated. Students behaving in an inappropriate or unsafe manner will not be allowed to continue in the event or participate in future events.

Please indicate below any medical conditions, medications being taken, medi-alert needs, or allergies that the supervising teachers should be made aware of that may hinder your child's ability to participate in activities:

Disability/Medical Condition/Injury/Allergies	Details (medications or date of injury)

ACKNOWLEDGEMENT:

Proper supervision and safety procedures must be followed to reduce the risk of injury. Injury resulting from participation includes, but is not limited to, all manner of injury resulting from falling and impacting against the ground or other objects, and injuries resulting from the actions of others. The risk of sustaining these types of injuries results from the nature of the activity and can occur without fault of the student, the school board or its employees, or employees/agents of the facility where the activity is taking place. The chance of an injury occurring can be reduced by carefully following instructions at all times while engaging in the activity. Lighthouse Christian Academy provides basic accident insurance for students participating in the event. Parents may wish to purchase additional insurance if more coverage is desired.

I acknowledge having read all of the information contained within this document. I understand that by participating in events and extra-curricular activities, I assume the risks associated with doing so. We also accept that LIGHTHOUSE CHRISTIAN ACADEMY may use photographs of my child in any type of school communication (eg. Announcements, newsletters, yearbooks, marketing, etc.)

Name of Student: _____ Student AHC#: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____ Date: _____

Emergency Contact:

Name: _____ Ph #: _____ Relationship: _____

Name: _____ Ph #: _____ Relationship: _____