

Life Academy of Puget Sound Parental Consent and Liability Form

(Last Completed)

Student:

Last Name	First Name	M/F	Initial	*Social Security #	Home Phone	Birthdate	Grade
Street Address				City	State	Zip	

Parents:

Name	Birth date	*Social Security #	Work Phone	Home Phone
Name	Birth date	*Social Security #	Work Phone	Home Phone
Street Address		City	State	Zip

Secondary Parents:

Name	Birth date	*Social Security #	Work Phone	Home Phone
Name	Birth date	*Social Security #	Work Phone	Home Phone
Street Address		City	State	Zip

Local relative or friend to contact in case of emergency:

Name	Home Phone	Work Phone
Others with permission to pick up student:		Phone No.
Who does NOT have permission to pick up student? Name(s)		

Medical Information

Does the student have any illness, physical conditions, or allergies that require medication or may hinder them while engaged in the activities?
 no yes Please specify: _____

Date of last physical exam? _____

Do you have accident/hospital insurance that will cover the student? no yes

Doctors Name	Doctors Phone Number
Medical Plan—Employer Name and Name of Policyholder	Medical Plan #

Risk Statement

Participation in any/all activities may involve potential risk of injury. The result of these injuries could impair one's future ability to earn a living, participate in social and recreational activities, and generally to enjoy life. Because of the potential risk all participants must follow the instructions of supervising staff.

Assumption of Risk

My signature below indicates that as a participant or as the parent/guardian of the participant, I have read the statement above and understand the potential risk of injury. It also indicates I assume all risk associated with the participation in any/all activities and agree to hold Life Academy of Puget Sound, Bethel Christian Ministries, its employees, agents, representatives and volunteers harmless from any and all liabilities, actions, causes of action, debt, claim or demands of any kind and nature whatsoever which may arise by or in connection with participation in such activities. I have read the student handbook and agree to abide by all alternative dispute resolutions included.

My signature below also indicates as a parent or guardian of this individual, I give permission for him/her to participate in activities. In the event of illness or injury I give permission for the administration of first aid by employees, agents, representatives, and volunteers of Life Academy of Puget Sound and/or all medical treatment deemed necessary by a physician or other medical personnel. I further assume all responsibility for notifying the supervising staff of any activity, or portion of an activity, that I would not wish my child/youth to participate in.

Student's Signature

Date

Parent/Legal Guardian Signature

Date

- If you choose to provide social security numbers, they will be used for record keeping and reporting, but not given to the general public. You may choose under the Privacy Act to withhold social security numbers without consequences of any kind. If you so choose, mark your response(s) above "withheld".

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(Initial and date each step when completed)

Initial & Date

- 1. Parent/Guardian has completed all blanks.
If incomplete, Registrar: highlight blanks, and return to parent/guardian. _____
- 2. Input all information into STMS computer system. _____
- 3. Print out Student & Family information. _____
- 4. Place copy of Student & Family printout and copy of this form in
supervisor's box for filing into the class notebook. _____
- 5. Place copy of this form and Student & Family printout
into the C&L form notebook. _____
- 6. File original of this form in the student's file. _____

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