



Open Door Christian Academy

26 Gartley Street Lisbon, ME 04250 (207)353-2268
Mr. and Mrs. Job, Administrators David Garnett, Pastor

I hereby give my consent for _____ to participate in _____
Student Name **Sport(s)**

This form must be signed and turned in to the office before your child is allowed to participate in anything related to the sport(s) indicated. This includes practices.

The sports fee of \$40 must be paid to the office before your child is allowed to play in the first game.

This authorization includes my consent for the following:

1. Bus/Vehicle transportation to and from athletic events.
2. Normal First Aid treatment
3. To receive emergency treatment by any physician or hospital

I absolve Open Door Christian Academy of any liability concerning my child. Below I will list any known health problems that may hinder my child in any athletic program. I have also read and understand the policies in the handbook concerning the athletic department.

Known health problems: _____
(past)

Known health problems: _____
(present)

PARENTS SIGNATURE: _____ DATE: _____

Contact Number: _____

Secondary Contact Number: _____

Email Address: _____