



# Open Door Christian Academy

26 Gartley St.

Lisbon, ME 04250

207-353-2268

William Job, Administrator

## Sports Waiver Form

Student's Full Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport(s): \_\_\_\_\_

Known health problems: \_\_\_\_\_

\_\_\_\_\_

**Sports Fee: \$40**

**The Sports Fee must be paid to the office before your child is allowed to play in the first game.**

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 above. **This includes practices.**

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 hereby consent for my child to participate in the sport(s) indicated above. I absolve Open Door Christian Academy or any of its affiliates of any liability concerning my child. I have also read and understand the policies in the handbook concerning the athletic department.

Parent name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Parent phone number: \_\_\_\_\_ Secondary phone number: \_\_\_\_\_

E-mail address: \_\_\_\_\_