

# Our Shepherd

## PERMISSION TO PLAY

Student

Name: \_\_\_\_\_ Grade: \_\_\_\_\_

is given permission to participate in the Athletic Programs at Our Shepherd.

With this signed agreement, I absolve the coach (es), Our Shepherd Lutheran School, and any and all members of it's governing boards of any responsibility for the safety, welfare, health and well-being of the child named above, beyond such matters as may be called reasonable care for children in the custody of a school representative and their clear instructions, and assumed personally and exclusively all responsibility and liability for accident, injury, etc., which may occur to the above named child during transportation or any sporting activity.

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I, \_\_\_\_\_, \_\_\_\_\_ of  
(parent/guardian) (relationship)

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(student)

HEREBY REQUEST AND PERMIT A PHYSICIAN AND THE HOSPITAL PERSONNEL TO RENDER TO THE ABOVE NAMED STUDENT ANY MEDICAL AND/OR SURGICAL TREATMENT THAT MAYBE REQUIRED IN MY ABSENCE.

Name of Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Work Phone ( ) \_\_\_\_\_

Cell Phone ( ) \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(parent/guardian)

**Our Shepherd Lutheran School Athletics**  
**1658 E. Lincoln Birmingham, MI 48009 248.645.0551**