

Liberty Christian Academy

2451 Dora Avenue, Tavares, FL 32778

All Students 7th through 12th Grade Must Fill Out This form.

I give my son/daughter _____
permission to participate and travel with Liberty Christian Academy to all of the
games in the 2011-2012 Sports Program. I also hereby give permission for my
child to participate in any practices that might take place off of school property. I
also give Liberty Christian Academy and their designated coaches permission to
act in my behalf in case of an emergency and to seek authorized medical care. My
son/daughter also has permission to ride in school owned vehicles or in a privately
owned vehicle of one of the coaches with prior notification (Telephone is
sufficient). I release Liberty Christian Academy from all liability for
circumstances and situations outside of their control.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Notary _____

Personally Known _____ ID _____

Student SS# _____

Insurance Name _____

Insurance Policy # _____

Home Phone # _____

Emergency Name _____

Emergency Phone # _____

Liberty Christian Academy does not discriminate on the basis of race, color or ethnicity.