



# LIVINGSTONE ADVENTIST ACADEMY

## Sports Participation Consent Form

---

I hereby give permission for my child/ward to participate in the Livingstone Sports Program. I understand that transportation to and from local games is arranged by the Coach and Athletic Director and that drivers have met authorization requirements.

In granting this permission, I assume full responsibility for any damage caused by my child/ward to person or property. I further agree that in the event of disciplinary action, or if the health of my child/ward makes it necessary, at the discretion of the sponsors, my child/ward may be returned home at my expense. In the case of injury, I understand that the current insurance policies of the school are in effect, but are secondary and therefore understand that I am responsible for all expenses up front, but will be reimbursed by insurance as the claim is processed.

I the undersigned, do agree to abide by all the provisions rules and regulations of Livingstone Adventist Academy.

It is further warranted that if this consent form is signed by one of two parents/guardians, it is the authority of the other.

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Student

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date