



**Kansas City Lutheran Athletic League
Roster Form
Bethany Lutheran School**

(only need to fill out one per family)

Student Name _____ Grade _____

Student Name _____ Grade _____

Address _____
(include city, state and zip)

Home Phone _____ Mom Cell # _____

Dad Cell # _____

Father's Name _____

Place of Employment _____ Work Phone _____

Mother's Name _____

Place of Employment _____ Work Phone _____

Please list any email addresses to be used for sports updates and information:

If you live with someone other than a parent, complete the following:

Name of person(s) with whom you live _____

Is this person legally responsible for you? Yes _____ No _____

Place of Employment _____ Work Phone _____

Cell Phone _____

Name of Student's Physician _____

Address _____ Phone _____

Hospital Preference _____

Is your physician listed above permitted to practice in this hospital? Yes _____ No _____



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Parent/Guardian Permission

I hereby give consent for the above student(s) to represent his/her school in interscholastic activities. I give my consent for him/her to accompany the team on its out-of-town trips and will not hold the school responsible in case of an accident or injury. In the event of an emergency, an effort will be made to contact a parent or guardian. If this is not possible, I also give my consent and authorize the school to obtain, through a physician of its own choice, such medical care as is reasonably necessary for the welfare of the student(s), including first aid treatment, hospitalization, injections, anesthesia or surgery.

Parent/Guardian Signature

Date

The Kansas City Lutheran Athletic League strongly recommends that every student be covered by insurance. Please provide the following information:

Insurance Company _____ Policy Number _____

If you do not have insurance, you must sign the following waiver:

I acknowledge that I do not have adequate health insurance to cover injuries to my child(ren) and will assume responsibility for all medical expenses if an injury should occur as a result of school athletics. I will not hold the KCLAL, my child's school, its administration and employed teachers and officials (employed by the KCLAL and/or my child's school) responsible for the injury.

Parent or Guardian Signature
(only need to sign if you do not have insurance)

Date