

**Kansas City Lutheran Athletic League**  
**Roster Form (Sports)**  
**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 \_\_\_\_\_

\*\*OVER\*\*

### 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