



Academy

Name _____

Address _____

City _____ State _____ Zip _____

Email Address _____

Parents Name (Printed) _____

I, the parent or guardian of the player, acknowledge that participation in this or any sport risks injury to the participant. I release all players, coaches, parents, referees, staff, and Lawndale Baptist Church from any liability arising from participation in said sport. I give my permission for Lawndale Baptist Church or its representatives to seek sound medical treatment for any injury which the above player may receive.

Signed: _____ Date _____

Emergency Contact Information

Name _____

Phone: C - _____ H - _____