



St. Martin's Lutheran School of Annapolis

Athletics Permission Slip

Student Name: _____	Date: _____
Grade: _____	Parent Name: _____
Cell Phone(s): _____	Sport: _____

Cost: \$85.00

Consent & Release of Liability

I, _____, grant permission for my child, _____. To participate in this school sport that may require transportation to locations away from the school site. This activity will take place under the guidance and direction of the school employees and/or volunteers from S. Martin's Lutheran School. As a parent or guardian, I acknowledge that participation in the activity described above involves risk to the participant, and I release the school from all liability. I take responsibility for any personal actions taken by the minor named above ("student"). I agree to the cost of \$85 and understand that it will be added to my tuition statement.

Parent Signature: _____ **Date:** _____