



Trinity Episcopal School Parent Release for Athletic Participation

My child, _____, has permission to participate in Athletics (soccer, volleyball, basketball, softball, golf, cheerleading, and pickleball) for Trinity Episcopal School for the 2016-2017 school year.

I, (parent/guardian) _____, hereby give my permission to any responsible person employed by Trinity Episcopal School to obtain medical and/or hospital care for my child should he/she experience an accident or illness during any school sponsored athletic activity during the academic year. I further absolve Trinity Episcopal School and the responsible person employed by Trinity Episcopal School from liability.

The Trinity Episcopal School bus may be used for transportation of some students to athletic events. However, the bus can only seat 14 passengers; parent volunteers who have been 'Safeguarding God's Children' certified will be used as volunteer drivers for off campus athletic events when the bus cannot accommodate the team size.

I, (parent/guardian) _____, give permission for my child to be transported to athletic events in which he or she is participating by either the Trinity Episcopal School Bus or a certified volunteer parent.

Parent/Legal Guardian Signature & Date

Please complete the information below or provide a current copy (front and back) of your child's insurance card.

Insurance Company: _____

Certificate #: _____

Group #: _____

Phone Number: _____