



# TRINITY SCHOOL AT RIVER RIDGE

601 RIVER RIDGE PARKWAY, EAGAN MN, 55121

## PARENT CONSENT/RELEASE FORM

JULY 31, 2011—JULY 31, 2012

Child's Name \_\_\_\_\_

Birthdate \_\_\_\_\_ Sex M/F \_\_\_\_\_ Grade \_\_\_\_\_

I grant permission for the child named above to participate in Trinity School athletic events and to be transported to these events in a non-commercial vehicle. In the event of an emergency, I authorize his/her coach or adult supervisors to act on my behalf in providing, arranging, and consenting to medical care. I understand that Trinity School does not provide insurance of any type for students. Therefore, I assume responsibility for any medical expense, personal injury or other loss sustained by my son/daughter, or caused by my son/daughter, and I agree to hold harmless and indemnify Trinity Schools Inc. and the People of Praise, Inc., and their agents, which includes but is not limited to, coaches, supervisors, assistants, and helpers, whether adult or minor, whether paid or voluntary, from any loss or liability.

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Family Physician/Clinic \_\_\_\_\_

Phone number \_\_\_\_\_

**Does your child have any medical conditions which the coach or adult supervisor should know. (Allergies, asthma, diabetes, heart problems, stress fracture, etc.)**

\_\_\_\_\_

Name of Parents/Guardian (please print) \_\_\_\_\_

Phone No. (h) \_\_\_\_\_ (w) \_\_\_\_\_ © \_\_\_\_\_

Name of someone other than parent/guardian who may be contacted in case of emergency:

\_\_\_\_\_ Phone number \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_