

**Parent's or Guardian's Permission and Insurance Form  
for Athletic Participation in Ladue Schools**

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Name of Student (Print)	Address	Grade in 2010-2011	Home Phone
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Father's Name	Business Address	Business Phone
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Mother's Name	Business Address	Business Phone
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Person to notify in case parents cannot be reached:

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Name	Relationship to Student	Home Phone	Business Phone
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PHYSICIAN INFORMATION:

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Physician's Name (Print)	Office Address	Office Phone
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Specialty	Hospital Affiliation
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Physician's Name (Print)	Office Address	Office Phone
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Specialty	Hospital Affiliation
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I hereby give my consent for the above named student to represent *his/her* school in interscholastic athletics. I also give my consent for *him/her* to accompany the team on trips and will not hold the school responsible in case of accident or injury whether it is en-route to or from another school or during practice or an interscholastic contest. If I cannot be reached and in the event of an emergency, I also give consent for the school to obtain, through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if *he/she* is injured in the course of school athletic activities. I understand that the school may not provide transportation to all events, and *permit/do not permit* my child to drive his/her vehicle in such a case.

I also acknowledge the risk of serious injury, which my *son/daughter* may incur by participating in the Ladue Horton Watkins High School interscholastic sports program.

I also state that my *son/daughter* is covered by accident insurance that provides protection for accidental bodily injury while participating in approved school athletics.

Signature of Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_  
(Valid only if signed after 6/10/10)