

# Riverview Lutheran School

## Extracurricular Permission Form 2024-2025

Family Name: \_\_\_\_\_

Father's Email =

Mother's Email =

We give our child(ren) permission to participate in the following programs offered by Riverview Lutheran School:

Child =	Child =	Child =
Grade =	Grade =	Grade =
Please check appropriate boxes:		
Soccer (Co-ed 5 <sup>th</sup> – 8 <sup>th</sup> )	Soccer (Co-ed 5 <sup>th</sup> – 8 <sup>th</sup> )	Soccer (Co-ed 5 <sup>th</sup> – 8 <sup>th</sup> )
Volleyball (Girls 5 <sup>th</sup> – 8 <sup>th</sup> )	Volleyball (Girls 5 <sup>th</sup> – 8 <sup>th</sup> )	Volleyball (Girls 5 <sup>th</sup> – 8 <sup>th</sup> )
Cross Country (Co-ed 3 <sup>rd</sup> – 8 <sup>th</sup> )	Cross Country (Co-ed 3 <sup>rd</sup> – 8 <sup>th</sup> )	Cross Country (Co-ed 3 <sup>rd</sup> – 8 <sup>th</sup> )
Basketball (Boys & Girls 5 <sup>th</sup> -8 <sup>th</sup> )	Basketball (Boys & Girls 5 <sup>th</sup> -8 <sup>th</sup> )	Basketball (Boys & Girls 5 <sup>th</sup> -8 <sup>th</sup> )
Cheerleading (Girls 5 <sup>th</sup> – 8 <sup>th</sup> )	Cheerleading (Girls 5 <sup>th</sup> – 8 <sup>th</sup> )	Cheerleading (Girls 5 <sup>th</sup> – 8 <sup>th</sup> )
Robotics (Co-ed 3 <sup>rd</sup> – 8 <sup>th</sup> )	Robotics (Co-ed 3 <sup>rd</sup> – 8 <sup>th</sup> )	Robotics (Co-ed 3 <sup>rd</sup> – 8 <sup>th</sup> )

My signature verifies truth to the following statements:

- 1) I am not aware of any medical conditions which endanger my child(ren) or limit or prohibit them from participating in athletics.
- 2) I understand that injuries and accidents may occur during practices and events. I will not hold Riverview Lutheran School or any school related personnel responsible for any damages that may occur during extracurricular-related activities. Parents are encouraged to carry accident insurance.
- 3) I agree to uphold the “Code of Conduct for Parents” as outlined in the Riverview Athletic Handbook.
- 4) In case of emergency, please attempt to contact me directly at:

\_\_\_\_\_  
(Father's contact number)

\_\_\_\_\_  
(Mother's contact number)

If I cannot be reached, I give the Riverview staff and coaches the authority to seek appropriate and necessary medical attention for my child(ren).

\_\_\_\_\_  
(Father's Signature) (Date)

**OR**

\_\_\_\_\_  
(Mother's Signature) (Date)

**Extracurricular fees are as follows per student per year:**

3<sup>rd</sup>-4<sup>th</sup> grade=\$35    5<sup>th</sup> – 8<sup>th</sup> grade=\$50    Robotics=\$50

These fees will be billed after the first week of practice for each season. Once the student participates in the activity after the first week is completed, there will be no refunds. No fees will be collected at Forms & Fees Days.