LAKE POINTE ACADEMY/2026-2027 ATHLETIC PERMISSION FORM

RELEASE FORM

I, the parent/guardian of the named student athlete, agree that the student athlete and I will abide by the rules of Lake Pointe Academy, its affiliated organizations, sponsors, and coaches. I understand that my child and I may be denied permission to participate if these rules are violated. By signing this form, I attest to reading and understanding the rules as outlined in the LPA School Manual and Athletic Manual.

I recognize that there is a possibility of physical injury associated with athletics. In consideration for Lake Pointe Academy accepting the student athlete for participation in athletic activities, I hereby release, discharge and/or otherwise indemnify Lake Pointe Academy, its coaches, volunteers, affiliated organizations, sponsors, their employees and associated personnel, including the board members, owners of the fields and facilities utilized for the athletic activities, against any claim on behalf of the student athlete as a result of the student's participation in the athletic activities and/or being transported to or from the same, which transportation I hereby authorize.

CONSENT FOR MEDICAL TREATMENT FORM

As the parent or legal guardian for the student athlete participating in athletics at Lake Pointe Academy, I hereby give consent for emergency medical care prescribed by a duly licensed doctor of Medicine or doctor of Dentistry. This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of my dependent.

Name_____
Print Name of Participating Student

Name_____Date_____

Name_____Date_____

Name_____Date_____