



**Use One Form per Child. Please print.**

Child's First & Last Name \_\_\_\_\_ Age \_\_\_\_\_

Parent's Name \_\_\_\_\_

Street Address \_\_\_\_\_

City State Zip \_\_\_\_\_

Cell Phone number (where parent may be reached during the Event)

\_\_\_\_\_ OR \_\_\_\_\_

Special medical needs (allergies, medications, etc.) \_\_\_\_\_

### **Medical Consent Authorization and Release**

I understand and hereby agree to assume all of the risks, which may be encountered by my child at athletic competitions, summer sports camps, workshops and events hosted by the Southeast Texas Educational Partnership (STEP) and Lighthouse Home School Athletics (LHSA), including activities preliminary and subsequent thereto. I do hereby agree to hold STEP and LHSA, their employees, contractors, and volunteers, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities. My child and I are aware of the inherent risks of participating in athletic and or group activities and acknowledge the potential for injury and agree to my child's participation.

In the event that my child becomes injured or ill during any game or activity, I authorize STEP / LHSA, or their representatives, to secure first aid and/or the services of a physician or hospital, and I agree to assume all financial obligations incurred therewith.

I understand STEP / LHSA is committed to conducting their programs in a safe manner and that my child(ren) is required to follow rules of the facility.

I permit STEP / LHSA to use any photographs or videos taken while I or my children are at the summer sports camps and engaged in any activity or event sponsored, promoted, or organized by STEP / LHSA, including publicity, advertising, or any legitimate purposes.

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

Signature of child (participant) \_\_\_\_\_ Date \_\_\_\_\_

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