



## 2017-18 Activity Registration/Permission/Waiver

Student Name: \_\_\_\_\_ has my permission to participate in the activity of: \_\_\_\_\_ at Cologne Academy for the 2017-18 school year.

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I/We understand that the activity will be supervised by volunteer coaches/parents. I/We hereby release Cologne Academy and all volunteer leaders from any liability, and from any and all claims against them, individually, or collectively, for any injuries which might be received during this activity, or in traveling to and from activity destinations.

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Parent/Guardian Signature

Father: \_\_\_\_\_ Cell: \_\_\_\_\_

Mother: \_\_\_\_\_ Cell: \_\_\_\_\_

3<sup>rd</sup> Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Important Medical Information including inhaler, medicine allergies, etc. (Please note that other CA parent volunteers may see this information.)

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If there is anything about your child you want the coaches/volunteers to be aware of (special needs, food allergies, health concerns, etc.) please include it here: