



ATHLETICS CONSENT CROSS COUNTRY PRACTICE

I hereby give permission for _____ to participate in walking
[Student's Name]

with the Cross Country Team to: *the Levee at the end of Carrollton Avenue on practice days.*

Student-Athletes will walk to the levee after school with their coach in order to provide a safe, large area for the Cross Country team to practice. After practice, student-athletes will be escorted by their coach back to campus to await pickup.

Please provide your child with a water bottle to bring with them to the levee.

I understand that Lycée Français de la Nouvelle-Orléans is responsible for providing adequate adult supervision during the referenced athletic practices. However, in consideration of the school's agreement to allow my child to participate in the above-mentioned athletics team, I agree that Lycée Français de la Nouvelle-Orléans is not to be held liable in those instances during which injury may occur in spite of normal precautions.

In the event it becomes necessary for the school staff/coach in charge to obtain emergency care for my child, I hereby give permission for such emergency medical care, and acknowledge that neither the school staff nor Lycée Français de la Nouvelle-Orléans assumes financial liability for expenses incurred because of an accident, injury, illness, and/or unforeseen circumstances.

I acknowledge that participation in Athletics is entirely voluntary.

Signature of Parent or Legal Guardian

date

Home Phone No: _____

Cell/Emergency No: _____

Secondary contact person: _____

Relationship to student: _____ Telephone No.: _____

Medical condition/needs coaches need to be aware of:
