



“A Classical & Christ-Centered School”

1426 Tanglefoot Lane
Bettendorf, Iowa 52722
Phone: 563.359.5700
Fax: 563.359.5737

MORNING STAR ACADEMY ATHLETIC ACTIVITIES PERMISSION FORM

I give permission for my son/daughter, _____, to participate in athletic activities at Morning Star Academy. I understand that there is some risk involved in sports and agree not to hold the coach and/or Morning Star Academy responsible for any accidents that may occur. I carry health insurance for my child and understand that in the event of an injury to my child, my health insurance is the primary carrier.

Check the sports your student-athlete will participate in this year.

____ Volleyball – High School ____ Basketball – High School
____ Volleyball – Middle School ____ Basketball – Middle School
____ Golf – High School ____ Track – Middle School

Physician _____ Phone _____

Address _____

Insurance Carrier _____

ID/Policy Number _____

Parent's Signature _____ Date _____

Parent's Home Phone _____ Cell _____

Email _____