

St. Stephens Lutheran School Insurance Release Form

Dates: Thursday February 21st thru 23rd

Please, fill out and Return to St. Stephens Lutheran School!

School Name **Grace Lutheran School**

Address: **3405 South Memorial Parkwat**

City: **Huntsville al**

School Phone Number: **256 881 0553**

Parent Consent:

I hereby consent for my child to participate in the 2013 Foothills Classic Basketball Tournament to be held at St. Stephens Lutheran School. I do attest that my child, _____ is in good physical health and have no knowledge of why he or she cannot participate in strenuous basketball and cheerleading activities.

By signing, I do hereby release St. Stephens Lutheran Church & School from any liability from participation during tournament week.

Parent Signature: _____

Date: _____