



# TABERNACLE CHRISTIAN SCHOOL

242 Derry Road  
Litchfield, New Hampshire 03052  
(603) 883-6310  
www.tcslitchfield.org

## 2025-26 ATHLETE'S PERMISSION FORM

*I give permission for my daughter/son, \_\_\_\_\_, to be a member of the school's sports team. Permission is given to travel with the team, its coaches, and designated chaperones. I understand that transportation will be provided on the Tabernacle Baptist Church vans or bus. In the event of an accident or illness the chaperones have my permission to administer first aid. In the case of serious accident or illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call my physician and to follow his instructions. If it is impossible to contact my physician, the school may make whatever emergency arrangements that seem necessary.*

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_

Home phone \_\_\_\_\_ Work phone \_\_\_\_\_

Emergency contact person \_\_\_\_\_ Phone \_\_\_\_\_

Please list and explain if your child currently has or has had any of the following: head injury, facial injury, cervical spine injury, cardiac injury or diagnosis, exertional heat stroke, sickle cell trait, asthma, allergies, or diabetes \_\_\_\_\_

List any allergies \_\_\_\_\_

List all medications currently being taken \_\_\_\_\_

**Please return the completed form and money to your coach.**

**Sports Fee: \$200 for soccer, volleyball and basketball**