Lake Castle Private School

Established 1963

8400 Hayne Boulevard
New Orleans, Louisiana 70127
Phone: 504-242-6270
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LAKE CASTLE ATHLETIC PARTICIPATION & INSURANCE WAIVER FORM

(Please Print)

Student's Name _____

Parent's Name _____

Address _____

_____

Phone _____

School Year: 2026 to 2027

I understand that participation in any extracurricular activity or sport is a privilege and not an exclusive right at Lake Castle Private School. In order to participate in any extracurricular team, the student must be passing all promotional subjects.

I also acknowledge that there are risks associated with sports and activities and that my child may be injured as a result of an accident arising out of participation in athletics or activities.

In consideration for permitting my child named above to participate in sports and/or activities, I release Lake Castle Private School and/or its employees, teachers, coaches, administrators, et al., from any and all liability including, but not limited to liability for injuries and damages sustained by the individual.

Insurance Waiver

I also understand that my child must be covered by medical and/or accident insurance in order to participate in sports and hereby certify that my child is covered for injuries occurring as a result of participation in, or the practice for, all athletic events as a student at Lake Castle Private School during the current school year.

Name of Insurance Company _____

Address of Insurance Company _____

I have completed all of the information requested above and hereby certify that I have read and agree to all of the statements listed above.

_____ _____

Signature of Parent or Guardian Date