



TABERNACLE CHRISTIAN SCHOOL

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

2020-21 ATHLETE'S PERMISSION FORM

I give permission for my daughter/son, _____, to be a member of the school's basketball 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 _____

List any known allergies _____

List all medications currently being taken _____

**Please return completed form and money to
Coach Kathy Roe or Coach Mike Small.**

Sports Fee: \$100