



# Common Ground Parent/Guardian Permission Slip

### Student Information:

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

DOB: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

### Parent/Guardian Information:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### Emergency Contact Information:

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

### My Child will be participating in (circle/check all that apply):

- Common Ground's Basketball Tournament
- Common Ground's Skills Competition

I, the parent/guardian of the above-named youth, hereby give my consent for my child to participate in the **Common Ground on Saturday, August 15, 2026**. I understand that participation in the event carries a risk of injury, and I acknowledge that my child may suffer a personal injury, property loss or damage or other loss due to participating in this event. I understand that the organizers, volunteers, and LUK Staff will take all reasonable precautions to ensure the safety of the participants, but cannot guarantee that accidents, injuries, property loss/damage or other loss will not occur. In the event of sickness, accident, or loss, I waive all claims against volunteers, staff, LUK Board of Directors or operators of LUK or its agents that arise from participation in LUK activities.

I confirm that my child is physically fit and able to participate in this competition and has no known medical conditions that would prevent or limit their participation

**I have read and understand the above statements in their entirety and agree to abide by them.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Printed Name

\_\_\_\_\_  
Relationship

Send complete form to [YouthDevelopment@LUK.org](mailto:YouthDevelopment@LUK.org) or bring to clinic registration.