



WOODCREST CHRISTIAN SCHOOL Athletic Participation Permission Form

STUDENT NAME: _____

GRADE: _____

Please read the important information that follows. Your signature on this form releases your student for participation in Woodcrest Christian School athletics.

INSURANCE:

Students participating in sports are required to have medical insurance. Woodcrest Christian School does NOT provide ANY medical coverage for its athletes. Please provide the following insurance information as evidence of your student's existing medical coverage. If your student is not insured, you must purchase medical insurance coverage for him/her. All costs for such insurance coverage will be the responsibility of the parents (or guardians).

RISKS OF INJURY:

By its very nature, competitive athletics can put students in situations in which SERIOUS, CATASTROPHIC, and perhaps FATAL accidents could occur. Students and parents/guardian must assess the risks involved in such participation and make their choice to participate in spite of those risks. No amount of instruction, precaution, or supervision will totally eliminate all risk of injury. Just as driving an automobile involves choice of risk, participation in athletics is inherently dangerous. The obligation of parents and students in making this choice to participate cannot be over-stated.

By granting permission to your son/daughter to participate in athletic competition, a parent or guardian acknowledges that playing or practicing in any sport can be a dangerous activity involving MANY RISKS OF INJURY. Both the athlete and parent must understand that the dangers and risks of playing or practicing to play include but are not limited to, death, complete or partial paralysis, brain damage, serious injury to virtually all internal organs, bones, joints, ligaments muscles, tendons, and other aspects of the skeletal system and potential impairment to other aspects of the body, general health and well being.

Because of the dangers of participating in sports, we (parent and player) recognize the importance of following coaches' instructions regarding playing techniques, training, equipment, and other team rules, etc., both in competition and practice and agree to obey such instructions.

If any of the foregoing is not completely understood and you have questions, please contact the school athletic director or school administrator for further information.

AUTHORIZATION:

Full authorization is given for the administration of any medical treatment deemed necessary by a licensed hospital or emergency clinic reasonably accessible. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide "Authority and Power" on the part of the school authorities to provide reasonable care.

I have read this entire packet and will abide by all its provisions. I hereby give my consent for the above-named student to participate in sports. I certify that all information provided in this packet is accurate and understand that Woodcrest Christian School shares no responsibility in the payment of medical fees incurred by injuries to participants in its athletics program. I will keep the insurance named in force during the time my student tries out, practices, and/or competes in athletics. I agree to be responsible for the safe return of all school equipment issued to the student, and I will pay for articles lost or damaged beyond normal use.

STUDENT SIGNATURE

DATE

PARENT SIGNATURE

DATE



**WOODCREST CHRISTIAN SCHOOL
Athletic Participation Permission Form**

STUDENT NAME: _____

GRADE: _____

**Consent To Participation Of Student In Athletics Authorization
And Consent To Medical/Dental Care
Waiver Of All Rights And Claims Against School Regarding Athletics**

I hereby give consent for _____ to participate in the Woodcrest Christian School System (herein referred to as School) Athletic program. Participation includes, but is not limited to, athletic summer camp, tryouts, practices, games, and school provided transportation to and from such events.

I hereby grant to School and their employees and agents the full power, authority, and right while the student(s) are in School's care or supervision and in the event of a medical/dental emergency during the above listed date(s) and or event to consent to and/or authorize any medical or dental examination, diagnosis, treatment, x-ray, anesthetic, prescriptions, surgery, hospital care, transportation, or any other medical or dental treatment, care, service, or procedure done under the care and advice of a person duly licensed to perform such acts (all such actions herein referred to as "care"). They shall have the full power, authority and right to authorize such care to the same extent as I would as parent(s) and pursuant to the same information, procedures, provisions, circumstances, and other matters that I would be entitled to as parent with the same discretion and authority. I hereby assume all financial responsibility and agree to pay for all such care. This authorization is further given pursuant to the provisions of Section 25.8 of the Civil Code of California and all other applicable laws.

I hereby authorize any hospital or health care professional which has provided care to the above-named minor pursuant to the provisions of Section 25.8 of the Civil Code of California to surrender physical custody of such minor to said adult(s) upon the completion of treatment. This authorization is given pursuant to Section 1283 of the Health and Safety Code of California and any other applicable laws.

I hereby agree to indemnify and hold School, and all its agents, employees, officers, directors and all others connected with or related to School, free and harmless from any injury, loss, damage, claim or other detriment or adverse consequences regarding or related to any care provided or not provided student. I also hereby waive all claims and rights against School and its agents, employees, officers, directors and all others connected with or related to School for any injury, accident, illness, death, and all other loss, damage, claim or other detriment or adverse consequences resulting from or regarding such activity(ies) and all related and associated activities and occurrences.

I hereby sign this authorization not only on behalf of myself but also for, on behalf of, and as agent for any other parent or legal guardian of said student and certify that the undersigned has the full legal custody, control, care, power, authority and right to agree to all these things without the need for consent or agreement from any other person(s).

These authorizations shall remain effective for the current school year and/or until revoked in writing.

I declares and certify under penalty of perjury under the laws of California and any other state that the above is true and correct and within my own personal knowledge.

FATHER/GUARDIAN SIGNATURE

DATE

MOTHER/GUARDIAN SIGNATURE

DATE



WOODCREST CHRISTIAN SCHOOL
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STUDENT NAME: _____

GRADE: _____

Eligibility Information

Age: _____

Date of Birth: ___/___/___

Medical Information

Allergies to drugs or food: _____

Conditions for which minor is currently being treated: _____

Current medications: _____

Restrictions on activity: _____

Medical Care Information

Primary care physician's name: _____

Primary care physician's phone number: _____

Insurance Company: _____

Insurance Number: _____

Emergency Contact Information

Household Address: _____

Mother's full name (please print): _____

Mother's telephone numbers: Home _____ Work _____ Cell _____

Father's full name (please print): _____

Father's telephone numbers: Home _____ Work _____ Cell _____

Emergency Contact: _____ Relation: _____

Emergency Contact Phone # _____

Emergency Contact Secondary Phone # _____