



SPORTS PERMISSION/RELEASE FORM 2018-2019

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport(s) Involved In:  Soccer  Basketball  \_\_\_\_\_

I hereby consent to have the above-named student participate in the sport(s) listed above, on or away from the school grounds. I assume all risks associated with participation in the sport, including but not limited to: falls, contact with other participants, the effects of weather, traffic, and other reasonable risk conditions associated with the sport.

In the event of an emergency, the Trinity Christian School coaches are authorized to take necessary steps to see that medical care is given for any injury, accident, or acute illness, and to call an emergency ambulance, if necessary, in case I am not immediately available. Any qualified physician called by Trinity Christian School may treat and do whatever is necessary for the health and well-being of my child.

This authorization is granted only if I cannot be reached and a reasonable effort has been made to do so. I agree to accept responsibility for the cost of above medical services. If normal supervision and precautions have taken place, I will not hold Trinity Christian School liable to any injuries, and expenses related to injuries, that may occur.

Emergency Contact

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Emergency Contact #1: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Any pre-existing conditions (e.g. allergies, chronic illnesses, etc.): \_\_\_\_\_

Mother/Guardian (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Father/Guardian (please print): \_\_\_\_\_ Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Address: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

