Westminster Christian Academy ATHLETIC PARTICIPATION, WAIVER, INSURANCE, AND CONSENT FORM

*Parent/Guardian(s) and Student signature required at bottom of form & initials required as indicated below

Student Name					
	First	МІ	Last		Current Grade Level
Address					
	Street		City		Zip
Parent Name			Phone Number		
Parent Name			Phone Number		
Emergency Contact (same as above: initial) Name				Phone Number	

PARENT/ GUARDIAN CONSENT FOR ATHLETIC PARTICIPATION

*Parent/Guardian and Student must both initial in blanks before each **bold** section below

Parent/Guardian Student

ACKNOWLEDGEMENT OF RISK: I understand and acknowledge that participation in interscholastic sports teams/clubs and events is voluntary and by its very nature possesses an actual or potential risk of emotional and physical injury/illness, which may range in severity from minor to long term catastrophic injury, up to permanent paralysis or death. While it is not possible to eliminate this risk, Students have the responsibility to help reduce the chance of injury. Students must obey all safety rules, report all physical problems to their coaches, or supervisors, follow a proper conditioning program and inspect equipment daily.

AUTHORIZATION TO TREAT: In case of an emergency or accident on/off school grounds during any school activity or athletic event, which in the opinion of school authorities requires immediate medical or surgical attention, I hereby grant permission to physicians, consulting physicians, certified athletic trainers, emergency medical technicians, and other healthcare providers selected by school authorities to provide medical care and treatment (including hospitalization if deemed appropriate) unless I am present and request otherwise or until I later request otherwise.

INITIAL the following statement regarding insurance coverage for Student for the current school year:

Student is adequately and currently covered by accident insurance that will cover injuries sustained while participating in inter- scholastic athletics, sports teams/clubs and events.

Insurance Company: Company Phone Number:

Name of Insured: Policy Number:

SIGNATURE:

By signing below, Parent/Guardian and Student hereby agree to/give consent for participation in inter-scholastic athletics, sports teams/clubs and events for Westminster Christian Academy of the below-indicated Student. You acknowledge that you have carefully reviewed and agree to all terms of athletic participation, including the voluntary waiver, verify that all information contained herein is accurate, and understand that any false information may result in Student's ineligibility for athletic participation.

Student Signature

Parent Signature

Date