

EAST RICHLAND CHRISTIAN SCHOOLS
ATHLETIC PERMISSION FORM
School Year _____

Part I PARENT PERMISSION (Only 1 (1) form per school year is required.)

Student Name _____ Grade _____ Date of Birth _____

I know that East Richland Christian Schools will in no way assume the responsibility for any injuries sustained to any player, cheerleader, manager, statistician, etc. traveling to, from or participating in the scheduled games and practices. I also understand that each sport/activity has its own inherent dangers and potential injury:

1. I hereby give consent to the above-named student to participate in the following sports (mark out any sport(s) where such a consent does not apply): SPORTS: Basketball, Soccer, Football, Volleyball, Track, Swimming, Cross Country, Bowling, Golf, Baseball, Cheerleading, etc.
2. I agree to ALLOW MY STUDENT TO TRAVEL with the school athletic teams at my own risk. Further, neither the school, drivers or faculty/staff/coach will be liable to any suit whatsoever resulting from any or in any of the practices, games or travel.
3. I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.
4. I am also aware that PHYSICAL EXAMINATIONS are the parents' responsibility to schedule in order to clear the student for athletic participation. A physical examination form must be filled out/signed by the doctor and given to the school (these forms are available in the school office).

Parent/Guardian Signature _____ Date _____

In case of emergency: Home Phone # _____ Father's Business # _____

Mother's Business # _____ Other Relative's # _____

Cell phone # _____