

CONSENT TO PARTICIPATE
IN SPORTS ACTIVITIES

PLAYER NAME: _____ PARENT: _____

ADDRESS: _____ CITY: _____ State: ____

PHONE #: _____ AGE: _____

I consent that my child may participate in sports activities Columbus Christian Academy. I certify that he/she is physically fit to participate in strenuous activity according to our family physician.

I release and hold Columbus Christian Academy harmless from any liability of any nature resulting from any injury my child may receive while participating in sports activities at Columbus Christian Academy.

In case of emergency or any injury to my child, I grant permission and authorize Coach _____ to seek medical assistance for my child if necessary.

I acknowledge that my child is covered by a policy of medical insurance as follows:

Insurance Company _____

Policy No. _____

I understand that Columbus Christian Academy does not maintain any supplemental policy of insurance on my child for sports related injuries. I also understand that I may personally obtain a supplemental policy of insurance on my child for sports related injuries at my expense by contacting the Columbus Christian Academy office.

Parent/Guardian

Dated