



Student Athlete Participant Application, Waiver, and Release

Player's Name: _____ Date of Birth: _____ Gender: _____

Guardian 1 First Name: _____ Last: _____ Relationship: _____

Guardian 2 First Name: _____ Last: _____ Relationship: _____

Player's Address: _____ City: _____ State: _____ Zip: _____

Guardian Home Ph #: _____ Guardian 1 Work Ph #: _____ Guardian 1 Cell Ph #: _____

Email: _____

PARENT OR LEGAL GUARDIAN AUTHORIZATION:

In case of emergency, if family physician cannot be reached, I hereby authorize my child to be treated by Certified Emergency Personnel.

Physician First Name: _____ Last: _____ Phone: _____

Address: _____ City: _____ State: _____ Zip: _____

Hospital Preference: _____

Parent's Insurance Co: _____ Policy #: _____ Group ID #: _____

League Insurance Co: _____ Policy #: _____ Group ID #: _____

If parent/guardian cannot be reached in case of emergency, contact

First Name: _____ Last: _____ Ph #: _____ Relationship: _____

First Name: _____ Last: _____ Ph #: _____ Relationship: _____

Medical Diagnosis	Medication	Dosage	Frequency of Dosage

Date of last Tetanus Toxoid Booster: _____

The purpose of the above listed information is to ensure that medical personnel have details of any medical problem which may interfere with or alter treatment.

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I, the undersigned player, acknowledge, agree, and understand that:

1. Voluntarily and of my own will, I elect to participate in the clinic/game/sport indicated below
2. I understand that there are certain risks and hazards involved in participating in the sport below that may result in injury or death to me or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants.
3. I understand that tackling or any type of contact during football, sliding into a base, dunking a basketball, wrestling, boxing, cheer etc., is dangerous to me and others and may result in injury or death.
4. I understand the very nature of the game or sport listed below is hazardous and risky, including, but not limited to, the act of tackling/contact, pitching, throwing, fielding, swinging of the bat, running, jumping, stretching, wrestling, tumbling, stunts while cheering etc., and collisions with other players and with stationary objects, all of which may cause serious injury or death to me and to other players.

Further, I, the undersigned player/parent/guardian, agree that in consideration for the right to play at Capital Christian, either in the sport designated below or on a drop-in basis (football/basketball/cheer/wrestling, etc.):

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me (a) while practicing or playing in a game, (b) while serving in a non-playing capacity as a team member/player during practice or play by other teams/players or my own, and (c) while on or upon the premises during practice/play.
2. I release, discharge, and agree not to sue the team/league/coach/school designated below or the owner, officers, agents, etc., of either the official associations of Capital Christian School/Center for any claim, damages sustained or incurred by me.

I, the undersigned player and/or parent/guardian, acknowledge that I have read and that I understand all of the above provision in this waiver and release form and agree to abide by them.

Signature

Print Name

Date