

Parental Permission for student participation in the Athletic Program of **KINGSPPOINT CHRISTIAN SCHOOL**

Student Name: _____ Birthdate: _____ Grade: _____

Home Address: _____

Home phone: _____ Cell: _____ Cell: _____

Emergency Contact: _____ Relationship: _____

Home phone: _____ Cell: _____ Cell: _____

I have accident/medical insurance, which covers my child when involved in inter-scholastic activities.

Insurance Company: _____ Policy #: _____

I understand that my child will be expected to complete training and conditioning drills in preparation for competitive situations. He/she will be responsible to clean and return the uniform assigned to them. Students not returning their assigned equipment/uniform at the end of the season will be charged a replacement fee.

For mutual protection, I have had my child physically examined by a physician and have provided this documentation to the school.

I UNDERSTAND THAT PARTICIPATION IN ATHLETICS MAY INVOLVE AN ELEMENT OF RISK AND I AGREE TO HOLD KINGSPPOINT CHRISTIAN SCHOOL HARMLESS AGAINST ALL CLAIMS, LOSS, OR LIABILITY.

Parent/Guardian Signature: _____ Date: _____