

# Southcrest Christian School Athletic Permit and Consent Form

The undersigned student and his/her parent or guardian give consent for the student to compete in Southcrest Christian School approved sports and to travel to and from sporting events with the coach or other persons. The undersigned hereby agree that the student may ride with the coach or any other person who provides transportation to and from such events.

We understand even though protective equipment may be worn by athletes, the possibility of injury remains, while the student is participating in sporting events. If, in the judgment of any representative of Southcrest Christian School, the student who has signed below should need immediate care and treatment as a result of any injury or sickness, the undersigned hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, nurse, trainer, or school representative.

The undersigned hold harmless and indemnify Southcrest Christian School, Southcrest Christian School Board, its agents, servants, and employees, and their successors, personal representatives, executors, administrators, and assigns from all claims, actions, causes of action, liability or damages of any nature:

1. arising out of any accident or injury which the student may receive traveling to and from such sporting events, including any liability for the selection of any driver or the permission granted to any person to drive or provide transportation; or
2. arising from any accident or injury occurring during an athletic event or practice; or
3. by reason of any medical care and treatment of said student, including the claim for medical hospital bills.

The undersigned agree to be responsible for the safe return of all athletic equipment issued by the school to the undersigned student. The undersigned acknowledge that this consent form supersedes all other consent forms.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
Home Phone/Cell Phone

\_\_\_\_\_  
Family Physician

\_\_\_\_\_  
Hospital Preference

\_\_\_\_\_  
Insurance Company

\_\_\_\_\_  
Insurance Policy Number