



SECONDARY SPORTS INFORMATION AND CONSENT FORM

GENERAL INFORMATION

Athlete's Name: _____ Gender: **M / F** Current Grade: ____ Date of Birth: __/__/__

Address: _____ City: _____ Zip: _____

Parent/Guardian Name _____ Day Phone _____

Relation _____ Evening Phone _____

Parent/Guardian Name _____ Day Phone _____

Relation _____ Evening Phone _____

In case of an Emergency (when parents cannot be contacted) notify:

Name _____ Relation _____ Phone _____

Are you living with: both parent(s) [] one parent (mom/dad) [] legal guardian(s) []

Are you transferring into CVCS [] Yes [] No

If yes, when will you transfer? _____ Previous school: _____

Please list the sports/activities in which you participated (at ANY level) in your previous school:

INSURANCE INFORMATION

Is your athlete covered by a family or individual health insurance policy? _____ Yes _____ No

Primary Insurance Company _____ Whose Name is policy under? _____

Policy # _____ Group # _____

****FILL IN THE SECTION BELOW IF STUDENT WAIVES (IS NOT COVERED BY) INSURANCE. BY COMPLETING THIS SECTION YOU ARE ACKNOWLEDGING THAT YOU TAKE FULL RESPONSIBILITY FOR ATHLETE****

I _____, understand and accept any and all medical expenses that may be incurred
(Parent/Guardian)

due to possible injury(ies) sustained while participating in any school-sanctioned activity. The following waiver will cover the _____ school year. My child will participate in the following sports during the above school year. (Please list each sport in the spaces provided below.)

1. _____ 2. _____ 3. _____

This includes all practices, travel, and game situations during the entire year (from August 1st until July 31st of the following year). I also understand that private individual policies are available directly through insurance companies and/or the health insurance marketplace, which I have chosen not to purchase for my child at this time.

(Student athlete signature) Date: _____ (Parent/Guardian signature) Date: _____

(CVCS Activities Director Signature) Date: _____

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DRUG TESTING CONSENT

We, the undersigned Parent/Guardian, recognizing that Cole Valley Christian School is committed to protecting its students from the harmful effects of substance abuse, hereby agree to accept and abide by the standards, policies, and regulations as set forth in the [CVCS Drug Testing Policy](https://www.colevalleychristian.org/student-life/parent-resource.cfm) as found at <https://www.colevalleychristian.org/student-life/parent-resource.cfm>.

We authorize Cole Valley Christian Schools to conduct random drug testing of urine specimens that our student provides, to test for illegal drugs and/or alcohol use. We also authorize the release of information concerning the results of such test to the CVCS administration as deemed appropriate. We understand that additional laboratory testing resulting from a second positive test will be completed at the expense of the student's family.

Student Name: _____ Parent/Guardian: _____
Student's Name (please print) Parent/Guardian Signature

PARTICIPATION CONSENT

- I hereby consent to the above-named student-athlete participating in the interscholastic athletic program at Cole Valley Christian School. This consent includes travel to and from athletic contests and practice sessions.
- I hereby give consent to the coaching staff, trainer(s), and team doctor(s) to apply first aid treatment for an injury or injuries sustained during practice or games in interscholastic athletics sanctioned by Cole Valley Christian School, until the parents/guardians can be contacted.
- I hereby consent that in case the parents/guardians can't be reached, the coaching staff, trainer(s), and team doctor(s) may secure emergency medical services, if needed, as a result of an injury during participation in sanctioned practices/games scheduled by Cole Valley Christian School.

Signature of Parent/Guardian _____ Date _____

My participation in interscholastic athletics at Cole Valley Christian School is entirely voluntary on my part and with the understanding that I have not violated any of the eligibility rules and regulation of the IHSAA and Cole Valley Christian School.

Signature of Athlete _____ Date _____