

# COLE VALLEY CHRISTIAN SCHOOLS

## Grades 1 through 6

### Release and Athletic Participation Information

*To be Read and Completed by Parent/Guardian*

---

Student's Name (Print)	Grade	Sex	Birth Date	Daytime Phone
------------------------	-------	-----	------------	---------------

---

Your son/daughter has expressed a desire to participate in a Cole Valley Christian Schools athletic activity. The information provided is vital for a successful experience. Please read this information carefully. If you have any questions, please contact or call your child's coach or the school office. Before the athlete is allowed to practice or check out uniforms, you are required to read, sign and return the Release and Participation Information document to the appropriate coach.

1. **NOTICE OF RISK:** Student athletes and the student's parent/guardian need to be aware that sport activities involve risk of injury. When an athlete practices, plays or participates in any sport, the activity can be dangerous. The student risks serious and permanent injury affecting their well-being. Instruction given by the coach regarding playing techniques, training and team rules must be followed.

2. Cole Valley Christian Schools is **not** liable nor responsible for any medical, dental or hospital bills occurring as a result of injuries sustained by a student while participating in a school athletic activity or sport. All injury related expenses shall be the responsibility of the student's parents/guardians.

3. *(Initial One)*

\_\_\_\_ I have insurance that will pay for medical expenses if my son/daughter is injured while participating in a school sport.

\_\_\_\_ I do not have insurance for my son/daughter and understand that Cole Valley Christian Schools is not responsible and will not pay any doctor, hospital and medical expenses if my child is injured while participating in any school sport.

4. Recognizing that as a result of athletic participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency medical care, I do hereby consent in advance to such emergency medical care, including tests, x-rays, surgery, and hospital care, if deemed absolutely necessary by health care professionals under the existing circumstances.

5. Transportation:

(a) Activities will involve the use of private vehicles.

(b) Proof of insurance is required from drivers transporting any children other than their own. A photocopy of the proof of insurance document from the driver's insurance company must be on file in the school office.

6. All athletes are expected to conform to the rules of participation and training as prescribed by Cole Valley Christian Schools and the athletic coaching staffs. This information is to be reviewed prior to the start of the sport season with each athlete.

7. I give my permission for my son/daughter to participate in the following sport. Please circle and initial the activity.

\_\_\_\_ Girls' Basketball

\_\_\_\_ Boys' Basketball

\_\_\_\_ Track

I have read, understand and will comply with all of the above information discussed in the Release and Athletic Participation Information form.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Student-Athlete

\_\_\_\_\_  
Date

\_\_\_\_\_  
Doctor's Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Dentist's Name

\_\_\_\_\_  
Phone #

\_\_\_\_\_  
Person to Contact in Case of Emergency

\_\_\_\_\_  
Phone #

**Cole Valley Christian Schools  
Elementary Campus  
Player Emergency Contact Form**

Name of Player: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Name of Mother: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Name of Father: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Work Phone: \_\_\_\_\_

---

**PERSON TO CONTACT IN CASE OF AN EMERGENCY:**

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Any medical information the coach needs to know about in regard to your child participating in physical activities:

---

---

---

---