



2018-2019 HS Athletic Emergency Form

Student Athlete Name _____ Grade _____ D.O.B. _____

Student e-mail _____

Mom's/Legal Guardian's Name _____ Mom's/Legal Guardian's Primary # _____

Home Phone # _____ Mom's/Legal Guardian's e-mail _____

Dad's/Legal Guardian's Name _____ Dad's/Legal Guardian's Primary # _____

Home Phone # _____ Dad's/Legal Guardian's e-mail _____

Alternate Phone Numbers:

Relative/ friend's name _____ Relationship _____ Phone # _____

Relative/ friend's name _____ Relationship _____ Phone # _____

EASTSIDE CHRISTIAN SCHOOL ADMITS STUDENTS OF ANY RACE, COLOR, AND NATIONAL OR ETHNIC ORIGIN.

Authorization for Treatment of a Minor

I (we), the undersigned, parent(s) of _____, a minor, do hereby authorize EASTSIDE CHRISTIAN SCHOOL, FULLERTON CALIFORNIA, its adult agents and employees, into whose care said minor has been entrusted while traveling to and from and while attending EASTSIDE CHRISTIAN SCHOOL outings, to consent to any X-Ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to said minor under the general or special supervision and upon advice of a physician and/or surgeon licensed under the provisions of the Medical Practice Act, or to consent to an X-Ray examination, anesthetic, dental or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provision of the Dental Practice Act.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but it is given to provide authority and power on the part of EASTSIDE CHRISTIAN SCHOOL, its adult agents and employees, to give specific consent to any and all such diagnosis, treatment, or hospital care which the aforementioned physician or dentist in the exercise of his/her best judgment may deem advisable.

- [] This authorization is given pursuant to the provision of Section 25.8 of the Civil Code of California.
[] This authorization shall remain effective until August 15, 2019, unless sooner revoked in writing delivered to said agent(s).
[] The undersigned is (are) a person(s) having legal custody of, or is (are) the legal guardian(s) of said minor.

FATHER'S SIGNATURE or LEGAL GUARDIAN'S SIGNATURE DATE

MOTHER'S SIGNATURE or LEGAL GUARDIAN'S SIGNATURE DATE

Since Participant is under the age of 18, and Parent/Guardian consents to the minor's participation in the event, consents for Eastside Christian Schools to seek reasonable and necessary medical treatment for Participant during such event or associated activities, and agrees to be responsible for any cost of such treatment.

Insurance carrier name and policy number: _____

Insurance Phone Number : _____



WAIVER OF LIABILITY AND HOLD HARMLESS AGREEMENT for EASTSIDE CHRISTIAN SCHOOLS

In consideration for receiving permission to participate in Eastside Christian Schools, I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE Eastside Christian Schools, their officers agents, servants or employees (hereinafter referred to as RELEASEES) from any and all liability, claims, demands, actions and causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by me or my child, or any of the property belonging to me, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEASEES, or otherwise, while participating in such activity, or while in, on or upon the premises where the activity is being conducted.

I am fully aware of the unusual risks involved and hazards for my child connected with this activity, including but not limited to travel risks. I hereby elect to voluntarily allow my child to participate in said activity with full knowledge that said activity may be hazardous to me, my child or my property. I VOLUNTARILY ASSUME FULL RESPONSIBILITY FOR ANY RISKS OF LOSS, PROPERTY DAMAGE OR PERSONAL INJURY, INCLUDING DEATH, which may be sustained by me or my child, or any loss or damage of property owned by me or my child, as a result of being engaged in such activity, WHETHER CAUSED BY THE NEGLIGENCE OF RELEASEES OR OTHERWISE.

I further hereby AGREE TO INDEMNIFY AND HOLD HARMLESS the RELEASEES from any loss, liability, damage or costs, including court costs and attorney fees, that they may incur due to my or my child's participation in said activity, WHETHER CAUSED BY NEGLIGENCE OF RELEASEES or otherwise.

I understand that Eastside Christian Schools does not maintain any insurance policy coverage covering any circumstance arising from my or my child's participation in this event or any activity associated with or facilitating that participation. As such, I am aware that I should review my personal insurance portfolio.

It is my express intent that this Waiver of Liability and Hold Harmless Agreement shall bind the members of my family and spouse, if I am alive, and my heirs, assigns and personal representative, if I am deceased, and shall be deemed as a RELEASE WAIVER, DISCHARGE AND COVENANT NOT TO SUE the above-named RELEASEES. I hereby further agree that this Waiver of Liability and Hold Harmless Agreement shall be construed in accordance with the laws of the State of California.

IN SIGNING THIS RELEASE, I ACKNOWLEDGE AND REPRESENT THAT I have read the foregoing Waiver of Liability and Hold Harmless Agreement, understand it and sign it voluntarily as my own free act and deed; no oral representations, statements, or inducements, apart from the foregoing written agreement, have been made; I am at least eighteen (18) years of age and fully competent; and I execute this Release for full, adequate and complete consideration fully intending to be bound by same.

Signed on this _____ day of _____ 20____.

Parent/Legal Guardian/Participant **Printed Name**

Parent/Legal Guardian/Participant **Signature**

Circle the sport(s) in which the named student wishes to participate in:

- Cross Country
- Cheer
- Volleyball (Girls)
- Basketball
- Softball
- Baseball