



Athletic Department Assumption of Risk Form/Parental Consent

Please Print

Student Name: \_\_\_\_\_ Sports \_\_\_\_\_, \_\_\_\_\_
Date of Birth: \_\_\_\_\_, \_\_\_\_\_
Student Cell Number: \_\_\_\_\_
Student Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Father's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
Work Phone: \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_
Work Phone: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Specific allergies, medications or other physical conditions:

ALL STUDENT-ATHLETES ARE REQUIRED TO CARRY HEALTH/MEDICAL INSURANCE:
Carrier: \_\_\_\_\_ Policy/group# \_\_\_\_\_
If this information changes, please provide us with the updated information ASAP.

In case of emergency, when parents cannot be reached:
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

STUDENT
I UNDERSTAND THAT PARTICIPATING IN ANY SPORT CAN BE DANGEROUS ACTIVITY AND MAY INVOLVE RISKS OF INJURY. I RECOGNIZE THE IMPORTANCE OF FOLLOWING THE COACHES' INSTRUCTIONS REGARDING PLAYING TECHNIQUES, TRAINING, AND TEAM RULES, AND AGREE TO OBEY SUCH INSTRUCTION. I UNDERSTAND THAT IN PARTICIPATING IN THE ATHLETIC PROGRAMS AT SANTA CLARITA CHRISTIAN SCHOOL, I HEREBY ASSUME ALL RISK ASSOCIATED WITH SUCH PARTICIPATION. I AGREE TO NOT HOLD THE SCHOOL, ITS EMPLOYEES, COACHES, VOLUNTEERS OR ITS REPRESENTATIVES LIABLE FOR ANY INJURIES THAT MAY OCCUR. I THEREFORE UNDERSTAND AND TAKE ON THE INHERENT ASSUMPTION OF RISK ASSOCIATED WITH PARTICIPATING IN THE SANTA CLARITA CHRISTIAN SCHOOL ATHLETIC PROGRAM.
I HAVE READ AND AGREE TO ABIDE BY THE POLICIES AND PROCEDURES OF THE SCCS ATHLETIC HANDBOOK.
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I HAVE READ THE PARAGRAPH ABOVE AND UNDERSTAND THAT THERE ARE RISKS INVOLVED WITH MY CHILD PARTICIPATING IN ATHLETICS AT SANTA CLARITA CHRISTIAN SCHOOL. I AGREE THAT SHOULD AN INJURY OCCUR TO MY CHILD, I WILL NOT HOLD SANTA CLARITA CHRISTIAN SCHOOL, OR ANYONE CONNECTED TO THE SCHOOL, LIABLE FOR THE INJURIES SUSTAINED, NOR FOR THE REASONABLE CARE PROVIDED IN CARING FOR THIS INJURY. AS MY CHILD'S PARENT/GUARDIAN, I DO ALSO HEREBY AUTHORIZE THE TREATMENT BY QUALIFIED AND LICENSED MEDICAL DOCTOR(S) OF MY CHILD IN THE EVENT OF A MEDICAL EMERGENCY WHICH, IN THE OPINION OF THE ATTENDING PHYSICIAN, MAY ENDANGER HIS/HER LIFE, CAUSE DISFIGUREMENT, PHYSICAL IMPAIRMENT, OR UNDUE DISCOMFORT IF DELAYED. THIS AUTHORITY IS GRANTED ONLY AFTER REASONABLE EFFORT HAS BEEN MADE TO REACH ME. I UNDERSTAND THAT IT IS MY RESPONSIBILITY TO PROVIDE UPDATES IF ANY OF MY PERSONAL INFORMATION CHANGES.
I AGREE TO BOTH THE LETTER AND THE SPIRIT OF THIS RELEASE FORM. I HAVE READ AND AGREE BY THE POLICIES AND PROCEDURES OF THE SCCS ATHLETIC HANDBOOK.
PARENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_
Please sign in any color but black