

NORTHVILLE CHRISTIAN SCHOOL STATEMENT OF ATHLETIC LIABILITY AND INSURANCE

PARENTAL PERMISSION FORM

Although there are many positive benefits to participation in athletics, it must be clearly stated that there are risks and dangers that accompany participation in any sporting activity. The purpose of this form is to clearly state that by allowing your child to participate in a sporting program, you are acknowledging the fact you are putting him/her in a potentially dangerous situation that may result in an injury. Students and parents must both understand and accept the risk that participation in sports brings.

STATEMENT OF LIABILITY AND INSURANCE

In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release Northville Christian School, a ministry of Northville Christian Assembly, its officers, board members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the above named child resulting directly or indirectly from my child's participation in the activities.

Further, I hereby authorize any leader, volunteer or paid, of the Northville Christian School to transport my child as needed in order to obtain any medical treatment from any licensed physician, surgeon, dentist or medical treatment center and grant permission for any emergency treatment, procedure, or medicine to be administered to my child. Any known allergies or information for emergency treatment is listed on the reverse side of this form. Also listed is medication my child takes on a regular basis.

Further, I understand and accept full liability and responsibility for the payment of all expensed incurred for any medical treatment rendered to my child including ambulance services, hospital care, doctors, dentists, or any medical treatment center, This is applicable for emergency treatment and any medical expenses related to the injury at any future date.

I hereby state that I have read the aforementioned statement of athletic liability and grant my child permission to participate in the athletic program at NCS.

Date signed

Signature of Parent or Legal Guardian

(PLEASE TURN OVER AND COMPLETE BACK)

MEDICAL INSURANCE INFORMATION

Student's name: _____

Insurance Co: _____ Policy No.: _____

Any known allergies (food, drug, etc) or other preexisting medical conditions of which the coach should be aware:

PLEASE NOTE THAT YOU MAY WANT TO HAVE THIS PERMISSION SLIP NOTARIZED TO ASSURE HOSPITAL'S ADMITTANCE OF YOUR CHILD.

TRANSPORTATION

I give my son/daughter _____ permission to ride:

- With parent or coach of NCS
- With any teammate
- With the following listed teammates only: _____
- In their own vehicle to games/practices
- In their own vehicle, and may drive other students to games/practices
- Only in transportation (car/van/bus) provided by NCS

Date

Parent/Legal guardian signature