

Athletic Permission Form
CHRISTIAN LIFE ACADEMY
3973 St. Rt. 257, Seneca 16346

Office Use Only Sports Fee Paid: ___/___/___ \$ Sports Physical on File _____ Play Pass Issued: ___/___/___ Issued by: _____

Student Name: _____ Sport(s): _____ Date: _____

Date of Birth: _____ Age: _____ Sex: M F Grade: _____ E-mail: _____

Address: _____ City: _____ Zip: _____

Father's Name: _____

Daytime Phone #: _____ Evening Phone #: _____ Cell #: _____

Mother's Name: _____

Daytime Phone #: _____ Evening Phone #: _____ Cell #: _____

Alternate Contact Person: _____

Daytime Phone #: _____ Evening Phone #: _____ Cell #: _____

Health information: List any health conditions that might be a concern during athletic activity: (e.g. heart disease, diabetes, epilepsy, severe allergies, eye or ear problems, or any chronic condition etc.).

Medications (NAME, DOSAGE, FREQUENCY): _____

My child, _____, has my permission to participate in Christian Life Academy sports activities for this school year. This permission also includes transportation (by approved drivers) to and from away games. It is my understanding, that Christian Life Academy Inc., will in no way assume responsibility for any injuries or medical expenses sustained by my child traveling to, from, or participating in the scheduled practices or games. I am confident, that a sincere effort will be made to notify me in case of a medical emergency; however, in the event that I cannot be reached, I authorize appropriate medical treatment to be given to my child by qualified medical staff personnel. I understand that emergency transportation will be at my expense.

Preferred doctor: _____ Dentist: _____ Hospital: _____

Insurance Company : _____

Name of Principal Insured Person: _____

ID #: _____ Group #: _____

Parent/guardian signature: _____ **Date:** _____

REFUSAL OF EMERGENCY CONSENT: I do not give my consent for emergency medical treatment of my child. I wish the school to take no action or to _____.

Parent/guardian signature: _____ **Date:** _____