

# Salisbury Christian School Athletics

## Information/Insurance/Release Form

(to be completed by parent/guardian)

**Student Name:** \_\_\_\_\_

Sport(s): \_\_\_\_\_

Parent Name: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Other contact name and phone number:

1. \_\_\_\_\_

2. \_\_\_\_\_

---

Insurance Company Name: \_\_\_\_\_

Policy/ID Number: \_\_\_\_\_

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

Physicians' Name: \_\_\_\_\_

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

List any health conditions or problems which may be affected by participation in interscholastic athletic activities: \_\_\_\_\_

\_\_\_\_\_

---

I realize there is a possibility that my child may suffer injury as a result of participation in interscholastic athletic activities. I authorize Salisbury Christian School or its' representative to administer emergency medical treatment to my child. I understand that Salisbury Christian School disclaims any financial responsibility for the costs of medical treatment associated with an injury while participating in interscholastic athletic activities. I understand that before my child can participate in interscholastic athletic activities; this form must be completed, signed, and turned in to their coach.

Name (signature): \_\_\_\_\_

Name (please print): \_\_\_\_\_

Date: \_\_\_\_\_