

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: _____