



Athletics

Insurance – Release Form (to be completed by parent/guardian)

Student Name: _____
Sport(s): _____
Parent Name(s): _____
Address: _____
Phone Number(s): _____

Other Contact Names & Phone Numbers:
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 activities, this form must be completed, signed, and turned in to his or her coach.

Name (signature): _____
Name (please print): _____
Date: _____



Student Instagram Handle: @ _____
To be used for SCS Athletics Instagram @scsjagathletics