



**EL SOBRANTE CHRISTIAN SCHOOL
PERMISSION TO PARTICIPATE/PERMISSION TO TREAT FORM**

Student-Athlete: (Please Print) _____ Parent/Guardian: (Please Print) _____

Street Address: _____ School: _____ Grade: _____

City: _____ State: _____ Zip: _____ DOB: ____/____/____ Contact Number: (____) _____ - _____

In the event of emergency, please give the best person and method to contact in the box provided.

Name: _____ Relationship: _____ Phone No: (____) _____ - _____

Name: _____ Relationship: _____ Phone No: (____) _____ - _____

Request for Permission: We, the undersigned student and student's parent/guardian, apply for permission to participate in interscholastic athletics in the following sports:

Baseball	Softball	Basketball	Cheerleading	Cross Country
Track & Field	Volleyball	Football	Soccer	Other: _____

General Requirements - We have read and discussed the general requirements for the athletic eligibility. We understand that additional questions or specific circumstances should be directed to our student's coach, school site Athletic Director or Principal.

Risk of Injury - We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a ESCS Athletic Coach. We agree to follow the rules of sports and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the ESCS Athletic Coach nor ESCS can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability or even death. We freely, knowingly, and willfully accept and the risk of injury that might occur from participation in athletics.

Release - In consideration of ESCS allowing the student-athlete to participate in athletics, we agree to release and hold ESCS, its ESCS Athletics Coaches and other employee free, harmless and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.

Insurance - ESCS requires that all students who participate in athletics be adequately covered by medical or accident insurance.

Name of Insurance Company: _____ Contact No: (____) _____ - _____

Address: _____ Group No: _____ Policy No: _____

CERTIFICATION AND MEDICAL AUTHORIZATION: We certify that all of the information provided by parent/guardian on this form is correct. We agree to abide by state and local rules. If the student-athlete is injured while participating in athletics and ESCS is unable to contact the parent/guardian, we grant ESCS permission and authority to obtain necessary medical care and/or treatment for the student-athlete's injury. Treatment may include, but is not limited to First Aid, CPR, medical or surgical treatment recommended by a physician. We accept the financial responsibility for such medical care and/or treatment.

We, the undersigned student and parent/guardian, have read this document and understand all of the expectations for athletics participation at El Sobrante Christian School.

Student Signature: _____ Date: ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____