

LOGOS CHRISTIAN ACADEMY

7280 N. Caldwell Ave., Niles, IL 60714

847-647-9456 www.mylogos.org

ATHLETIC PERMISSION AND TREATMENT RELEASE 2016-2017

Please complete the entire form for each child playing sports.

Student _____ Birthday _____ Age _____ Grade _____
Address _____ Home Phone _____
Father's Name _____ Mother's Name _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

PARENT/GUARDIAN RELEASE FOR SPORTS PARTICIPATION

With participation in the athletic program, I recognize and acknowledge that there are certain risks of physical injury, and I agree to assume full responsibility for the risks of injuries, including death, damages, or loss which may occur as a result of participation in any and all activities connected with or associated with such a program.

I agree to waive and relinquish all claims that I may have against Logos Christian Academy and its officers, agents, servants, volunteers, and employees as a result of sports participation. I do hereby fully release and discharge Logos Christian Academy and its officers, agents, servants, volunteers, and employees from any and all claims from injuries, including death, damage, or loss which may occur as a result of participation in sports. I further agree to indemnify and hold harmless Logos Christian Academy and its officers, agents, servants, volunteers, and employees from any and all losses sustained from injuries, including death, damages or losses sustained and arising out of, connected with, or in any way associated with the activities of the sports program.

This Waiver and Release of All Claims applies to the above-named minor.

I have read and fully understand the above Waiver and Release of All Claims.

Parent/Guardian Signature _____ Date _____

EMERGENCY MEDICAL CONSENT FORM

I, the undersigned parent or guardian of the child listed above, give my permission for emergency medical treatment of my child for illness or accident if I cannot first be contacted. I agree to be fully responsible for all medical bills incurred for any necessary treatment.

Parent/Guardian Signature _____ Date _____

PROOF OF INSURANCE

My child is covered under medical insurance with (Company Name) _____
_____ (Policy Number) _____

