

Columbia Christian Athletics Permit

Grades 5-12

THIS FORM IS REQUIRED ANNUALLY FOR ALL ATHLETES

PLEASE PRINT – USE PEN

Student's Name _____ [] Male [] Female

School attended last year [] Columbia [] Other _____ Grade Level 5 6 7 8 9 10 11 12

Check Sports: FALL [] Cross Country [] Football [] Soccer [] Volleyball WINTER [] Basketball

SPRING [] Track [] Baseball [] Softball [] OTHER _____

EMERGENCY INFORMATION

Parent or Guardian _____ Father Phone _____ Mother Phone _____

Physician to be called in an emergency _____ Phone _____

Preferred Hospital (if available) _____

Other Emergency contact person _____ Relationship _____ Phone _____

PERMISSION TO PARTICIPATE/INSURANCE/HANDBOOK/WARNING

I want my student to have the privilege of participating in competitive school athletics. The above named student, therefore, has my permission to compete in the athletic program at Columbia Christian and to go on any regularly scheduled trips. While I expect to school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that student are held responsible for all players' equipment owned and issued by the school and are responsible to pay replacement costs for lost or damaged equipment.

PLEASE CHECK ONE

[] I desire for my student to take out the athletic insurance policy offered through the school.

[] My student is covered by insurance and we do not wish to purchase additional insurance.

Name of company with which insured _____

I also confirm that my student and I have read the Athletic Handbook and we understand and will abide by the rules and policies of the school. I am also aware of the inherent dangers of athletic participation and the possibility of injury including paralysis or death.

Parent/Guardian Signature _____ Date _____

As an athlete I confirm that I have read the Athletic Handbook and will conform to the policies of the school. I am also aware of the inherent dangers of athletic participation and the possibility of injury including paralysis or death.

Athlete Signature _____ Date _____

FOR OFFICE USE ONLY – All boxes must be checked before athlete is eligible to compete

[] OSAA minimum pass 3 subjects last semester (High School Only)

[] Grades Check – Columbia Standards

[] Physical on file

[] Parental Permission/insurance/handbook/warning form signed by parent and athlete

[] Copy to coach for emergency file

[] If transfer or foreign exchange student – cleared/filed with OSAA.

CLEARED BY _____ (REVISED 5/13/2015)