

MEDICAL RELEASE / PERMISSION FORM

Hampton Christian Academy

This form is only good *for ONE SCHOOL YEAR*: therefore, **EVERY** athlete **MUST** turn in a new form each year. All athletes, Junior High, Junior Varsity, and Varsity, must turn in a completed form **BEFORE** they can practice or try out for any sport.

PLEASE FILL OUT AND RETURN THIS ENTIRE FORM

FULL NAME _____

BIRTHDATE ____/____/____ AGE ON 10/01/18 _____ GRADE IN 2019/2020 _____

ADDRESS, CITY, STATE, ZIP _____

FATHER'S NAME _____ WORK # _____

MOTHER'S NAME _____ WORK # _____

PRIMARY PARENT'S CELL # _____ STUDENT # _____

E-MAIL ADDRESS _____

EMERGENCY CONTACT _____ PHONE _____

MEDICAL INSURANCE AND ID NUMBER: _____

ALLERGIES OR MEDICINES STUDENT IS ALLERGIC TO _____

STUDENT IS PRESENTLY TAKING THE FOLLOWING MEDICINES _____

LIST ANY ADDITIONAL INFORMATION _____

THE SCHOOL DOES NOT CARRY ACCIDENT INSURANCE. IT IS THE RESPONSIBILITY OF THE FAMILY TO COVER ANY ACCIDENT-RELATED EXPENSES. ALL STUDENT ATHLETES MUST HAVE INSURANCE.

PARENT'S STATEMENT: I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with, and be supervised by, a representative of the school on any trips. In case this student becomes ill or is injured, I authorize *Hampton Christian Academy* personnel to have the student treated and authorize the medical agency to render treatment. I understand that school personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold school personnel responsible if efforts to contact me are unsuccessful.

Date ____/____/____ Parent's Signature _____

PERMISSION TO RIDE SCHOOL VAN/BUS: *I hereby give permission for the above-named student to ride to and from practices, home games, and away games on the school transportation (van/bus). I understand that the above-named student is required to ride school transportation to all away games.*

Date ____/____/____ Parent's Signature _____

PERMISSION TO RIDE WITH ANOTHER PARENT(S): *I hereby give my permission for the above-named student to ride with another parent to and from practices and home games, and from away games. The following are approved parents:*

1. _____ 2. _____

3. _____ 4. _____

Date ____/____/____ Parent's Signature _____

PERMISSION for STUDENT to DRIVE: *I hereby give my permission for the above student to drive himself/herself to practices and home games.*

Date ____/____/____ Parent's Signature _____

PERMISSION TO TAKE OTHER STUDENTS: *I hereby give permission for the above-named student to drive other students to practices and home games.*

Date ____/____/____ Parent's Signature _____

PERMISSION TO RIDE WITH ANOTHER STUDENT(S): *I hereby give permission for the above-named student to ride with other students to practices and home games. The following are approved student driver(s):*

1. _____ 2. _____

3. _____ 4. _____

Date ____/____/____ Parent's Signature _____

Please check what you are willing to do regarding **the required 4 hours of athletic department service:**

YES, I will work my 4 hours for **each sport** my child participates in. **I understand that it is my responsibility to contact the Athletic Office to schedule this**

NO, instead of volunteering, bill \$100.00 to my account for **each individual sport** my child participates in.