



**Consent to Athletic Participation for a Minor - MEDICAL RELEASE FORM**

Emergency Information			
<b>Athlete's Name</b>		Grade	Age
DOB	Last 4 digits of SSN	Family physician	
Address:		City	Zip
1st contact		Relationship	
1Home #	1Cell #	1Work #	1address
2nd contact		Relation	
2Home #	2Cell #	2Work #	2address
3rd Contact		Relation	
3Home #	3Cell #	3Work #	3address
Health Insurance			Policy/Group
Allergies		Medication taken regularly	

**The undersigned persons individually acknowledge the following:**

I request that in my absence the above-named player be admitted to any hospital or medical facility for diagnosis and treatment. I request and authorize physicians, dentists, and staff, duly licensed as Doctors of Medicine or Doctors of Dentistry or other such licensed technicians or nurses, to perform any diagnostic procedures, treatment procedures, operative procedures and x-ray treatment of the above minor. I have not been given a guarantee as to the results of examination or treatment. I authorize the hospital or medical facility to dispose of any specimen or tissue taken from the above-named player.

-I consent to his/her participation in extracurricular sports activities including but not limited to team sports such as football, basketball, soccer, volleyball, wrestling, cheerleading, tennis, golf and track.

-I am aware that there are inherent risks and dangers of injury for those involved in such sports activities. I recognize that such sports activities are strenuous and may involve intense physical contact. I am also familiar with the general physical conditions of the above named student. In addition, I have reviewed the results of the physical examinations of the student including any examination of a physician required by Weatherford Christian School for participation in a sport.

- I know of no reason to limit such student's participation in such sports activities except for the following:

(Describe all limitations on physical activity of the student and the reason for such imitation). \_\_\_\_\_

-I hereby give my consent for the above student to compete in TCAF approved sports & travel with the coach or other representative of the school on any trips.

-I agree that Weatherford Christian School may rely on my statements and representations made here & that they shall constitute a bar to claim against Weatherford Christian School, it's employees or approved volunteers arising out of the student's participation in such sports activities. I hereby expressly assume the risk of loss resulting from the negligence of the student or from the risks incident to participation in sports activities.

-I agree to be responsible for the safe return of all athletic equipment issued by the school to the above named student.

I have read and understand all the TCAF rules and Weatherford Christian School regulations and agree to follow the rules. By signing this document you also agree to be responsible. By signing this document I also understand that I am stating that all information given in this document is true to the best of my knowledge.

**All athletes and their parent/guardian(s) involved in any/all TCAF sports must sign this page!!!**

Please sign to signify you have read and understand the information on this page:

**Student's Signature:** \_\_\_\_\_ **Date:**            /            /

**Parent's Signature:** \_\_\_\_\_ **Date:**            /            /



**Standard Release for Football** (This paragraph applies to football only)

- This is to certify that I have carefully read and fully understand the warning label(s) attached inside and /or outside of the football helmet that I wear as a member of the Weatherford Christian School Athletic Department. The label reads:  
WARNING: Do not use this helmet to butt, ram or spear an opposing player. This is in violation of the football rules and can result in severe head, brain or neck injury; paralysis or death to you and possible injury to your opponent.
- NO HELMET CAN PREVENT ALL SUCH INJURIES.
- There is a risk these injuries may also occur as a result of accidental contact without intent to butt, ram or spear.
- I also understand that football is a potentially injurious sport and agree to accept the risk of injury associated with competition in this sport.

**INHALER INFORMATION** \*\*\*\* required only for inhaler\*\*\*\*

**Dear Parents/Guardians:**

For your son/daughter you must indicate if your child may carry an inhaler: \_\_\_\_\_ yes \_\_\_\_\_ no

**Physician's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_