

# EVANGEL CHRISTIAN SCHOOL

## PLAYER/PARTICIPANT INFORMATION AND CONSENT FORM

SCHOOL YEAR: \_\_\_\_\_

BASEBALL  BASKETBALL  CHEERLEADING  COLOR GUARD  FOOTBALL  SOCCER  SOFTBALL   
STRENGTH/CONDITIONING  TENNIS  VOLLEYBALL

School Currently Enrolled  ECS  ECCS

### PLAYER INFORMATION

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Birth Date: \_\_\_\_\_ Current Age: \_\_\_\_\_ Current Grade: \_\_\_\_\_

School Last Attended: \_\_\_\_\_ Other Sports Played: \_\_\_\_\_

Previous Experience: \_\_\_\_\_ Position(s) Played: \_\_\_\_\_

### PARENT INFORMATION

Father's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phones: (Student Home): \_\_\_\_\_ (Father's Mobile): \_\_\_\_\_ (Mother's Mobile): \_\_\_\_\_

(Student Mobile): \_\_\_\_\_ (Father's Work): \_\_\_\_\_ (Mother's Work): \_\_\_\_\_

Email Addresses: \_\_\_\_\_

Fax (please supply if no email): \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact #s: \_\_\_\_\_

Family Health Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Player's Known Medical Conditions/Needs: \_\_\_\_\_

The **purpose** of the Evangel Christian School Athletics Program is to provide a challenging and enjoyable sports environment for our young people that is distinctly Christian and that will point them and those who observe them to Christ. The Program is intended to be competitive. Therefore, the Coaches reserve the sole right and responsibility to assign players participation time, as determined to give the greatest competitive Team advantage, not with consideration towards a minimum participation time requirement.

I accept **responsibility** to see that my son/daughter attends all practice sessions and communicates with the coaching staff when circumstances prohibit attendance. Since the program is self-funded, I agree to pay applicable fees as well as participate in fund raising to the extent possible. I agree to care for the uniform issued and to return it in reasonable condition at the end of each season.

I recognize that this is a sport and its associated activities involve risks to players, coaches and spectators, and assume all risks and hazards incidental to such participation, including travel to and from games or other team activities. I do hereby waive, release, absolve, indemnify and agree to hold blameless Evangel Christian School and its Athletic Program along with their organizers, sponsors, coaches, participants, persons providing transportation to or from activities, and their relatives from claims arising out of any injury to the player (except to the extent covered by standard team insurance).

I give permission to the Coaching Staff &/or Trainers to give my son and/or daughter Advil or Tylenol &/or their generic equivalent, if necessary, during practices or games. These will be administered according to the directions stated on packages. **\*Parents, please initial** \_\_\_\_\_

I recognize that certain behavior detracts from God's honor and the spiritual development of the team and each participant. I hereby submit myself and my family members to the conduct guidelines specified in the Evangel Christian School Handbook, agreeing to maintain high standards of courtesy, morality and honesty, not only while attending Evangel Christian School functions, but also in all other public appearances, realizing that we are daily representatives of the Body of Christ.

I have read and agree with the Evangel Christian School Handbook and Evangel Christian School Athletic Policy Manual. **\*Parents, please initial** \_\_\_\_\_

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

Player's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\* Parent, note two places to **initial** above.