



# COASTLINE CHRISTIAN SCHOOLS

*Prepared to Excel. Equipped to Serve.*



## PARENT CONSENT FOR PARTICIPATION INTERSCHOLASTIC ATHLETICS

Student's Name: \_\_\_\_\_

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

I realize there is possibility that a child may suffer injury, including permanent paralysis or death, as a result of participation in athletic activities. I further understand that the school disclaims any financial responsibility for the costs of medical treatment, hospitals, ambulances, or paramedics, etc., arising out of or by virtue of an injury to my child while participating in such interscholastic competition or preparation thereof.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the said physician is not able to communicate with me, the treatment necessary for the best interest of the above-named student may be given.

I acknowledge that before my child can participate in such school-sponsored sport(s) this consent must be executed by me and filed at the school. I hereby acknowledge that my child is physically capable of participating in school-sponsored sport(s).

**I also understand that there will be athletics fees: \$220 for every season of sports my child participates in. Athletic fees help defray the cost incurred for my child to participate. CCS reserves the right to cancel a program due to lack of interest or resources.**

In an emergency, if the parents cannot be reached, notify:

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name - Parent or Guardian

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Signature - Parent or Guardian