

**SOUTHWEST CHRISTIAN SCHOOL
SPORTS AND ACTIVITIES
CONTACT INFORMATION AND CONSENT FORM**

PARENTS/GUARDIANS: Please complete this form and have your student athlete return it to the school office. This form must be completed annually! Also current insurance and a sports physical must be returned and on file prior to the first day of practice. A sports physical is required every two years, beginning in the 7th grade. A participation fee will be billed for each season of participation.

Student Name _____ Grade _____ Address _____

Parent(s)/Guardian(s) Name(s) _____ Phone(H) _____ (W) _____ (C) _____

Person other than you to notify in case of Emergency _____ Phone _____

Family Doctor _____ Phone _____

Please check all activities your student plans to participate in:

Volleyball Soccer Cross Country Basketball Track & Field

Speech & Debate Music

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STUDENT INSURANCE (Every participant must have insurance – either personal insurance or purchased school insurance (available from www.studentinsurance-kk.com))

The undersigned, the parents/legal guardians of _____, request that he/she be released from the obligation of carrying insurance under the regular school plan of Southwest Christian School, Beaverton, Oregon, for the above marked activities during this school year, including school sponsored summer activities, and in doing so, assume all the responsibility and risk for injuries that may be incurred as a result of his/her participation in the activity. The School is also assured by the undersigned that the above-named student is properly insured against such injuries by this insurance company.

NAME OF INSURANCE COMPANY _____ DATE _____

FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____

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PARENTS/GUARDIANS CONSENT

The undersigned, the parent(s)/legal guardian(s) of _____, give our consent for him/her to participate for Southwest Christian School in OSAA approved activities, and to go with the coach on any trips in connection with this participation. We agree that in the event of the school's inability to contact us in an emergency situation, a licensed physician may take such action as is deemed necessary and proper to treat our child. We are aware of the standards which our son/daughter is expected to uphold, and we understand that participation in Southwest Christian School Activities is a privilege which depends on our child's upholding those physical, moral, personal and academic standards. I hereby release and hold harmless Southwest Christian School and any staff or volunteers related to this activity from any liability, illness or expenses that may arise from my child's participation. I acknowledge that I am responsible for any and all medical expenses or other charges in connection with my child's/ward's participation in this activity.

DATE _____

FATHER/GUARDIAN _____ MOTHER/GUARDIAN _____