Legacy Classical Christian Academy Athlete Waiver Form

Student Name: ______________________________________________

Parent Name: ____________________________ Parent Emergency Phone Number: ______________

Permission and Release of Liability: I give permission for my child to participate in this activity and I hereby declare that my child is physically able to participate in strenuous activity such as competitive athletics and any tryouts. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. I understand that LCCA may not carry medical insurance for players or coaches and I am fully responsible for any and all medical bills (LCCA may have a secondary medical policy if needed).

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted or are otherwise not available, I give permission for any emergency treatment that is deemed necessary by a licensed physician or emergency personnel.

Family physician _______________________________ Phone ____________________

List pertinent medical information or physical limitations below and alert coaches to any serious ailments or concerns (diabetes, allergies, asthma, etc.):

For Athletes: “As a LCCA participant, I will promote Christ-like sportsmanship through playing fairly, respecting authority, and being a positive loser and a gracious winner. I will also promote Christlike character through faithful attendance and participation in all sporting events and fundraisers. My attitude and appearance will reflect Christ at all times. I will also abide by all of LCCA rules including the Athletic Handbook and Eligibility Requirements at all times.”

For Parents: “As the parent of a LCCA participant, I will model and promote Christ-like sportsmanship through giving positive encouragement, respecting authority, and being a positive loser and a gracious winner.” By signing this form, you are agreeing to all statements above, including, but not limited to, release of liability and medical treatment.

Parent’s signature: _______________________________ Date:_________________

Parent’s signature: _______________________________ Date:_________________

(At least one parent signature)