

# **CALVARY CHAPEL ACADEMY**

## **Participation in Athletic Programs**

Student Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_  
Date of Birth \_\_\_\_\_ Student Age \_\_\_\_\_ Gender M \_\_\_ F \_\_\_  
Grade \_\_\_\_\_ Home Phone \_\_\_\_\_ Student lives with \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Father's Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Home Ph \_\_\_\_\_ Cell \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Phone \_\_\_\_\_  
Doctor to notify in case of emergency \_\_\_\_\_ Phone \_\_\_\_\_  
Student's medical insurance company \_\_\_\_\_ Policy No. \_\_\_\_\_

In order for your student to participate in the competitive athletic program offered at CCA, this form must be completed and returned to the school. There is a required athletic fee per student per sport that will be billed to your account prior to the sport the student is participating in.

Parental/Guardian Consent, Acknowledgment and Release is to be completed and signed by all parents/guardians; where married, divorced, or separated, parent/guardian with legal custody must sign.

This form covers the following sports and/or clubs: Please circle the sport your student wishes to participate in:

5<sup>th</sup>/6<sup>th</sup> Co-Ed Flag Football    7<sup>th</sup>/8<sup>th</sup> Girls Volleyball    5<sup>th</sup>/6<sup>th</sup> Instructional Basketball  
1<sup>st</sup>-8<sup>th</sup> Co-Ed Swim Team    4<sup>th</sup>-6<sup>th</sup> Co-Ed Volleyball    7<sup>th</sup>/8<sup>th</sup> Jr. High Basketball

### **Hold Harmless Release and Indemnification Agreement**

I understand that participation in interscholastic and other voluntary after school athletics includes risk of injury that may range in severity from minor disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

I/we understand that my child's participation in Calvary Chapel Academy's after school athletics programs is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child's participation in the Calvary Chapel Academy's after school athletics programs. I understand that Calvary Chapel Academy's and/or Calvary Chapel Melbourne, their employees, officers, and agents will not be liable for personal injuries and/or property damage as a result of my child's participation in the school's athletic programs.

**OVER**

I/we, on behalf of myself/ourselves and my/our minor child, agree to release, hold harmless, and indemnify Calvary Chapel Academy and/or Calvary Chapel Melbourne, their employees, officers, and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in the Calvary Chapel Academy's athletics programs as a voluntary athletic or extracurricular program or activity.

By signing this Agreement, I/we acknowledge that we have read and understand this document, acknowledge that we understand the potential for injuries, and accept the risk and responsibility of participation in the Calvary Chapel Academy's athletics programs.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of \_\_\_\_\_, and grant to Calvary Chapel Academy and/or Calvary Chapel Melbourne, its employees and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_  
Parent/Legal Guardian

Emergency Phone No. \_\_\_\_\_