

the King's School

Preparing Tomorrow's Leaders Today!

ATHLETIC PARTICIPATION RELEASE FORM

STUDENT INFORMATION:

Sport in which I plan to participate is: _____

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Parent's Name: _____ H-Phone: _____ Cell: _____

Emergency Contact 1: _____ Phone: _____ Cell: _____

Emergency Contact 2: _____ Phone: _____ Cell: _____

Family Physician: _____ Phone: _____

A driver's form must be filled out prior to a student driving home from games and/or practices. We do not recommend students driving other students.

PARENTAL PERMISSION:

As Parent or Legal Guardian of _____, I hereby give my consent for his/her practice and play in the athletic events listed above.

I also hereby attest that my child is fully covered for accident or injury through medical insurance and will remain covered through medical insurance for the duration of the sports season. I grant permission for treatment deemed necessary for a condition arising during participation in these activities, including medical or surgical treatment recommended by medical physician. I understand that every effort will be made to contact me prior to treatment.

Insurance Carrier: _____ Subscriber: _____

ID#: _____ Group#: _____

Parent's Signature _____ Date _____

A Ministry of Church of the Nations

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