

**North Stonington Christian Academy  
Athletic Waiver Form**

*Best Phone:* \_\_\_\_\_

*Best Email:* \_\_\_\_\_

**CONSENT TO PARTICIPATE**

I hereby give my consent for (\_\_\_\_\_) to represent North Stonington Christian Academy in the sport(s) of *(Please check all possible sports for the \_\_\_\_\_ school year.)*

\_\_\_\_\_ Soccer \_\_\_\_\_ Basketball \_\_\_\_\_ Golf \_\_\_\_\_ Track and Field

**CONSENT TO USE PRIVATE TRANSPORTATION**

I hereby give my consent for (\_\_\_\_\_) to travel to practices and or meets/games with a parent or coach. *(student's name)*

Date: \_\_\_\_\_ Parent's Signature: \_\_\_\_\_

**EMERGENCY INFORMATION**

Athlete's Name: \_\_\_\_\_ Sex: M F Home Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth \_\_\_\_\_

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

City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Cell Phone \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Cell Phone \_\_\_\_\_

Alternate Contact: \_\_\_\_\_ Relationship \_\_\_\_\_

Alternate Contact's Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**EMERGENCY TREATMENT**

**To all parents: It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.**

**CONSENT STATEMENT: AUTHORIZING TREATMENT**

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Allergies or other known medical conditions coaches need to be aware of:

\_\_\_\_\_

**INSURANCE INFORMATION**

Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_