



SALEM COUNTY CHRISTIAN ACADEMY

ATHLETIC DEPARTMENT

Athletics, Intramurals & Activities Authorization

School Year: 2016-2017

Student Name(s): _____ Student Birthdate: ____ / ____ / ____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: (____) _____ Cell Phone: (____) _____ Student's Email: _____ *if applicable*

I hereby consent to have my son/daughter participate in athletics and/or intramurals supervised by the teaching or coaching staff on or away from school grounds.

I hereby authorize the person in charge to call an emergency ambulance in case of accident or acute illness, and to arrange for any necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician called by the coach / assistance coach may treat and do whatever is necessary for the health and well-being of my son or daughter.

It is understood that a thorough effort will be made to notify me (parent/s) before such action will be taken. I also agree to accept responsibility for the cost of the above medical treatment.

By signing below I agree that my child is in general good health and has my permission to participate in this program. I hereby release, discharge, and/or indemnify Salem County Christian Academy and their Athletics staff from any liability for personal injury or illness that the player may sustain while participating in this athletic program and authorize immediate medical attention as needed in the case of injury or illness.

Parent/Guardian Signature: _____ Date: _____

Family Medical Information: **Primary Family Email:** _____

Student's Physician's Name: _____ Phone: _____

Physician Address: _____
Street Address City, State Zip

Mother's Name: _____ Daytime Phone: _____

Cell Phone: (____) _____

Father's Name: _____ Daytime Phone: _____

Cell Phone: (____) _____

Insurance Company Name: _____ Policy #: _____

Insured's Name: _____

Any Known Allergies: _____

Emergency Contact Information:

Please list two people we may contact if we are unable to reach the student's parent/guardian.

Emergency Contact Person: _____ Phone: _____
Name/Relation to Student

Emergency Contact Person: _____ Phone: _____
Name/Relation to Student