



CAPITAL
CHRISTIAN.SCHOOL

Sport(s) participating in:

2023 - 2024 ATHLETIC CLEARANCE FORM

PHYSICIAN'S CERTIFICATION

I hereby certify that:

(Last Name) (First Name) Grade _____

was examined by me on _____, and was found physically fit to engage in all sports except:

ATTACHMENTS: YES ☐ NO ☐

COMMENTS:

(Physicians Signature)

(Date)

**This is an annual physical exam, or a statement by a medical practitioner, certifying that the student is physically fit to participate in any athletic sporting activities.*

PARENTAL PERMISSION

I, the undersigned parent/guardian, acknowledge, agree, and understand that:

1. It is voluntary and my student athlete(s) participates at their own will, and elects to participate in the clinic/ game/sport with Capital Christian School.
2. I understand that there are certain risks and hazards involved in participating in sports that may result in injury or death to my student athlete or other players, including but not limited to those hazards associated with weather conditions, playing conditions, equipment, and other participants.
3. I understand the very nature of the game or sport can be hazardous and could cause serious injury or death to my student athlete and to other players.

Further, I, the undersigned player's parent/guardian, agree that in consideration for the right to play at Capital Christian School, either in the sport designated below or on a drop-in basis:

1. I voluntarily elect to accept and assume all risks of injury incurred or suffered by me/my student athlete (a) while practicing or playing in a game, (b) while serving in a non-playing capacity as a team member/player during practice or play by other teams/players or my own, and (c) while on or upon the premises during practice/play.
2. I release, discharge, and agree not to sue the team/league/coach/school designated below or the owner, officers, agents, etc., of either the official associations of Capital Christian School/Center for any claim, damages sustained or incurred by me/my student athlete.
3. I give my consent for him/her to go with a school representative, approved parent/guardian to an athletic contests, practices, trips and/or to participate in team activities that are off campus when school transportation is not available.
4. I understand that an athletic sport fee(s) will be charged to my tuition account following the finalized roster(s) during the sport seasons (fall, winter, and spring).
5. I understand that if my student athlete is late to school (more than 20 minutes) they may not participate in practice and/or games on that day with the exception of a medical or dental appointment.

I, the undersigned parent/guardian, acknowledge that I have read and that I understand all of the above provision in this waiver and release form and agree to abide by them.

(Parent/Guardian Signature)

(Date)

VERIFICATION OF INSURANCE

The school makes every effort to protect all students but does not assume any liability for injury. This is to certify that my son/daughter

(Last Name)

(First Name)

is protected under the terms of an insurance policy which provides medical expense coverage for accidental injury. This coverage will be in effect from this signature date and maintained by me during all periods of participation in school athletics.

Physician Name (First and Last): _____

Phone: _____ Address: _____

Insurance Company: _____

Policy#: _____ Group ID#: _____