

Country Christian School

SOC CER Release Form

_____ has my permission to take part in the sports program

Student's Name

at Country Christian School. This release includes permission for the above named student to travel to and from athletic events or other travel as necessary, such as practice sessions, etc.

The parents will be responsible to transport their children to and from sporting events and practices.

All students must ride in a covered vehicle, no open pickups. Also, students must cooperate with the Faculty Supervisor and/or vehicle driver at all times. Students must also wear seatbelts and shoulder straps.

Country Christian School staff has permission to apply any emergency treatments as deemed necessary in case of accident or sudden illness that occurs during the time of such activity or travel to and from.

We completely absolve Country Christian School of any responsibility regarding accident or injury caused by the activity involved, travel to and from such activity and emergency treatment given in case of accident or illness, including hospitalization, x-rays, medical or surgical examination by a physician, anesthetic, etc.

All students/adults participating in Country Christian School activities are responsible for their own personal medical insurance. CCS does not carry such sports insurance.

By signing below, we agree to adhere to the Country Christian School Sports Policies.

MEDICAL HISTORY OF STUDENT THAT COACHES AND TEACHERS SHOULD BE

AWARE OF: _____

Student's Name _____ Grade _____

Parent's Name _____

Address: _____ Home Phone _____

_____ Work Phone _____

Medications Being Taken: _____

Allergies: _____

Parent's Signature _____ Date: _____