

Traverse City Christian Elementary Athletics Participation/Consent Form

PLEASE PRINT CLEARLY

Name of Athlete _____ Grade _____ Gender _____

Athletes Signature _____ Date _____ Age _____

I, the undersigned parent/guardian of the child named above, hereby give my consent for such child to participate in the sports programs indicated, which are being offered by Traverse City Christian School (TCCS) for the current school year.

I hereby hold TCCS, its employees, and coaches harmless for injuries sustained by such child as a result of participation in the sports programs. I agree to assume full financial responsibility for medical treatment necessary as a result of any such injury.

The undersigned does hereby grant to the coach and Elementary A.D. the responsibility for the care of the child during practice and game times. Or, in the event he/she is unavailable, I grant the attending hospital emergency room physician and/or nurse the limited power of attorney to act for me and to give the required consent and authorizations for the delivery of medical care, diagnosis and treatment, including surgical intervention, if necessary, on behalf of my minor child named above.

Name of Parent/Guardian: _____ Phone# _____

Address: _____

Parent's Email: _____

Emergency contact person: _____ Phone # _____

Known Allergies/Significant Medical History: _____

Parent/Guardian Signature: _____

Fee to play: \$25.00

Make Checks Payable to TCCS Elementary Athletics.

All fees are non-refundable.

The Participation/Consent Form and Payment must be turned in to your Coach before the athlete can practice. By signing this Participation Form, the student and parent/guardian agree to follow all TCCS participation rules and guidelines.

Updated 1/15