

VENTURA COUNTY CHRISTIAN SCHOOL
ATHLETIC TEAM PARTICIPATION FORM



PARENT/GUARDIANS:

The students in grade(s) _____ have the opportunity to participate in Ventura County Christian School Athletics:

Season: Date _____

Return this form to school no later than: Prior to participating in any athletic activity

NAME OF STUDENT _____ Grade _____

In the event of an emergency and the school is unable to reach you, do you authorize school officials to obtain the necessary medical aid including emergency service, if needed at your expense?

I understand that I waive all claims against Ventura County Christian School, its school board, administration, and staff from any injury, accident, illness, or death occurring during or by reason of my child's participation.

Yes No

Permission is given for my child to participate in Ventura County Christian School Athletics.

Signature of Parent/Guardian

Date

Telephone

Emergency Telephone

Emergency Contact

Telephone