

Permission to Participate Form

ATHLETE _____ SPORT _____

ADDRESS _____

PHONE _____ BUSINESS PHONE _____ GRADE _____

I (We) hereby permit my (our) son/daughter to participate on the Pine Drive Christian School athletic team(s) and to engage in all activities with the team, including, but not limited to, trying out (if necessary), practicing, and playing in competitions. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, and/or brain, associated with said participation, and recognize the importance of following coaches' instructions regarding playing techniques, training guidelines, and team rules. As part of this agreement to permit my (our) son/daughter to participate for Pine Drive Christian School.

I (we) also agree to provide the school athletic director the following forms, fees, or information:

____ Permission to Participate

____ Emergency Medical Authorization

____ Physical Examination Form

____ Participation Fees

____ Acknowledgment of Rules

____ PDCS Code of Conduct

I (We) acknowledge that we have been properly advised, warned, and cautioned by the athletic director and coaching personnel of the Pine Drive Christian School system that participation in athletics can result in an athlete suffering serious injury.

Having been so cautioned and warned, with full knowledge and understanding of the risk of serious injury from participation in athletics, it is our desire to consent to my (our) son's/daughter's participation.

Parent/Guardian Signature

Date

Athlete's Signature

Date