

For School Use: Date Paid _____ Amount Paid _____ Check / Cash _____



- Soccer
- Volleyball
- Track and Field
- Basketball

PERMISSION TO PARTICIPATE

CEDAR PARK CHRISTIAN SCHOOLS
Mill Creek Campus
13000 –21st Drive SE
Everett, WA 98208

The undersigned parent(s) or legal guardian(s) gives permission for _____
(print student name) to participate with Cedar Park Christian Schools in the activity described in the attached document—Student Athlete Handbook.

Medical Care and Treatment Consent; Release; Payment of Expense

1. The Parent grants permission for the School and its employees and agents to take the student to a licensed physician for medical treatment, emergency surgery, or hospitalization if the Student becomes ill, sustains an injury or for any other reason requires medical attention or treatment. The Parent gives consent to any licensed physician to administer drugs or medicine or to perform such medical procedures as that physician determines necessary for the relief of pain and to preserve the Student's life or health.
2. The Parent agrees to assume the responsibility for all medical, transportation, rescue and related expenses incurred on behalf of the Student.
3. If the School determines the Student should return for any reason, including, but not limited to, medical reasons, the Parent will assume total transportation costs.
4. The Parent releases and agrees to hold harmless, defend and indemnify the School and its directors, officers, employees and agents from and against any and all claims for personal injury (including loss of life) and all other losses or damages (except those caused entirely by the gross negligence or intentional conduct of the School) that the Student or the Parent may suffer as a result of the Student's participation in the Activity.

Please describe the Student's allergies or medical conditions. _____

This document contains a release and waiver of liability

Signature of Parent or Legal Guardian

Date

PRINT STUDENT'S NAME: _____

GRADE LEVEL: _____