



CALVARY ATHLETICS

Calvary Christian School | 1010 N. Tustin Ave., Santa Ana, CA 92705 | 714.973.2056

Student Athlete Medical Release

Student Name: _____ Grade: _____ Sport: _____

My child has my permission to participate in Calvary Christian School's After School Sports Program. I understand that my child may be traveling by private vehicle or church van to/from off campus games. I realize that any sport has an inherent risk for injuries; therefore, I give my permission and authorization for the coach(es) or any other designated person to take my child to seek medical attention in the event of injury. I understand that the school and the coach(es)/chaperone are not to be held liable for any accident involving my child.

Name of Parent/Guardian

Signature of Parent or Legal Guardian

Date

Insurance Company: _____

Policy Number: _____ Group Number: _____

Name(s) as listed on policy: _____

Preferred medical facility: _____

Physician's Name: _____ Phone: _____

Health Information (i.e. allergies, current medications, etc.)
