

Permission to Participate

Transforming hearts & minds in a decidedly Christian community



The undersigned parent(s) or legal guardian(s) gives permission for (student) to participate in: *(select multiple sports, if your child plans on playing more than one sport)*

High School –

Fall

- Cross Country Girls' Soccer
 Football Volleyball

Winter

- Boys' Basketball
 Girls' Basketball

Spring

- Baseball Cheer
 Boys' Golf Girls' Golf
 Boys' Soccer Softball
 Track & Field

Middle School –

Fall

- Cross Country Boys' Soccer
 Girls' Soccer Volleyball

Winter

- Boys' Basketball
 Girls' Basketball

Spring

- Softball Track & Field

Medical Care and Treatment Consent: Release: Payment of Expenses

1. The Parent grants permission for the Cedar Park Christian School Staff and agents to take the participant 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 participant's life or health.
2. The Parent agrees to assume the responsibility for all medical, transportation, rescue and related expensed incurred on behalf of the participant.
3. If the School Staff determines the participant should return for any reason, including, but not limited to, medical reasons, the Parent will assume all transportation costs.
4. The Parent releases and agrees to hold harmless, defend and indemnify Cedar Park Christian 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 participant or the Parent may suffer as a result of the participant's participation in the Activity.

Please describe the participant's allergies or medical conditions.

This Document contains a release and waiver of liability.

I have read, understood and agree to abide by the rules, policies and requirements of Cedar Park Christian Schools as stated in the Student Athlete Handbook.

Signature of Parent or Legal Guardian

Click here to enter a date.

Signature of Student

Click here to enter a date.