



**Middle School Sports**

*(Soccer & Basketball- \$100/X Country & Track- \$75)\**

Soccer\_\_ X Country\_\_ Basketball\_\_ Track\_\_

**High School Sports**

*(\$175 per sport)\**

Soccer\_\_ Football\_\_ X Country\_\_ Basketball\_\_

Softball\_\_ Baseball\_\_ Track\_\_ Cheer\_\_

*\*Please mark the sport(s) you will be participating in and return this form with your fees to the **Boones Ferry** offices.*

**PARENT/GUARDIAN PERMISSION FORM**

I hereby give my consent for \_\_\_\_\_ to compete for Horizon Christian High/Middle School in their sports programs. I recognize that as a result of such participation, medical treatment on an emergency basis may be necessary and that school personnel may be unable to contact me for my consent for emergency care. I do hereby consent in advance to such emergency care, including first aid treatment, transportation to a medical facility, and hospital care as may be deemed necessary.

Family Physician and Phone # \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

**TODAY'S DATE:** \_\_\_\_\_ **SIGNATURE OF PARENT/GUARDIAN:** \_\_\_\_\_

Please complete the following permission form, physical information, and insurance waiver and return to your coach.

Athlete's Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Age: \_\_\_\_\_ Gr: \_\_\_\_\_

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Parent's other phones # \_\_\_\_\_

Student cell phone # \_\_\_\_\_ student e-mail: \_\_\_\_\_ parent e-mail: \_\_\_\_\_

Name of emergency contact, other than parents: \_\_\_\_\_ ph. \_\_\_\_\_

**INSURANCE AGREEMENT:** In order to assure financial protection in case of injuries, it will be necessary for your son/daughter to have medical insurance. If you have your own policy, please consult your insurance agent to determine the exact coverage before indicating that your student has the necessary protection. If you do not have insurance that covers interscholastic sports, we will make available to you student insurance you can purchase for the school year.

\_\_\_\_\_ My son/daughter has adequate personal or family insurance coverage.

Insurance Co. Name: \_\_\_\_\_ policy # \_\_\_\_\_

\_\_\_\_\_ I will purchase supplemental insurance to adequately cover my son/daughter

\_\_\_\_\_ My son/daughter's last sports physical was dated and signed by a physician on: \_\_\_\_\_

and is on file in the Athletic Offices of HCHS. It must be dated within the last two (2) years.

**Please list on the back of this form any specific medical conditions, allergies, or other pertinent information in regards to your child's medical history.**

**TRANSPORTATION RELEASE:**

➤ I give permission to my son/daughter to ride with an approved parent driver of Horizon Christian Schools to and/or from practices and games. **Parent Signature** \_\_\_\_\_

➤ I give permission to my son/daughter to ride with another student from Horizon Christian Schools to and/or from practices and games. **Parent Signature** \_\_\_\_\_

**Student Driver Name:** \_\_\_\_\_

**Student Driver Name:** \_\_\_\_\_

➤ I give permission to my son/daughter to drive themselves to and/or from practices and games.

**Parent Signature** \_\_\_\_\_