

ANGLETON CHRISTIAN SCHOOL
2021-2022 SCHOOL YEAR
ATHLETIC LIABILITY RELEASE AND MEDICAL CONSENT FORM



NAME OF ATHLETE _____

ATHLETIC LIABILITY RELEASE

I/We the parent(s)/guardian(s) of _____ do attest that our child is in good physical health.

I/We understand that participation in sports can result in injury. I/we hereby give my/our consent to allow my/our child to participate in ACS athletic programs not specifically excluded by the parent or physician on the "medical history forms" included in this packet during the 2020-2021 season, and including off season training.

I/We assume all of the risks, hazards, and financial obligations incidental to the activity of the sport.

I/We hereby release, absolve, indemnify, and hold harmless Angleton Christian School and the coaches, teachers, administrators, board members, volunteers, and participants and any other person or entity duly acting on behalf of Angleton Christian School from any claims arising out of any injuries, of any nature, to my/our child while participating in ACS activities.

MEDICAL CONSENT FORM

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above-named student if I, as a parent/guardian, am not present. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary in the best interest of the above-named student may be given.

In the event that an emergency arises during a practice session, every effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to Angleton Christian School to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Note: This liability release is valid for one calendar year from the date signed below.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Phone Numbers where Parents/Guardians may be reached:

Office _____

Home _____

Cell _____

Other _____

Name of Family Physician _____ Phone Number _____

Insurance Company _____ Group/Policy Number _____