



2017 Fall PreK – 5th Grade Athletic Participation Authorization

Please check: Soccer (Gr. K-5) Fall Dance (Gr. PreK-5)

Student _____ Grade _____ Date of Birth _____

Address _____

Parent EMAIL _____ Athlete EMAIL _____

Date of Physical Exam (required once every 12 months) _____

Shirt Size Youth Adult XS _____ S _____ M _____ L _____ XL _____

Emergency Phone Numbers:

Father _____ Home _____ Cell _____ Work _____

Mother _____ Home _____ Cell _____ Work _____

Emergency Contact (other than the above):

Name _____ Home _____ Cell _____ Work _____

Emergency Medical Information:

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

Please list all **allergies** to: (if none, please state NONE in the appropriate blank)

Medications: _____

Foods: _____

Insects: _____

Latex/Other: _____

Does your child have any **medical condition** or **asthma**? _____ If so, please describe: _____

Medications:

Please list all medications, including inhalers, prescribed to your child, as well as dosages and frequency of use:

Insurance Coverage:

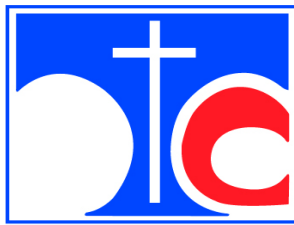
Insurance Company _____ Policy # _____

Name of Subscriber _____

Program Fee Schedule:

- Soccer: Kindergarten – 5th Grade is \$40 (includes a TCCA Soccer T-Shirt) ***Begins the week of Sept. 18th.***
- Dance: Pre-Kindergarten – 5th Grade is \$60. ***Begins the week of Oct. 2nd.***

Remittance of program fee is expected at the time of registration. Please make checks payable to "TCCA Athletics".



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Permission to Participate:

I give permission for my child _____ to participate with Junior Soccer.

I verify that a completed physical examination form has been submitted to TCCA. Yes/No

I verify that my son/daughter has been cleared by a physician to participate in sports with no restrictions.

Yes/No Restrictions: _____

Signature of Parent/Guardian: _____ Date: _____

Permission to Treat:

I give permission to TCCA and its employees and/or coaches to treat minor injuries or to transport my child to the nearest medical facility via ambulance in the event of a more serious injury or illness. I understand that the TCCA employees and /or coaches will use their best judgment in treating my child. I will make every effort to be available by phone while my child is participating in this sport and will provide TCCA with updated phone numbers as they change.

I also give permission to TCCA and its employees and/or coaches to give my child acetaminophen (Tylenol) or Ibuprofen should he/she require it.

Signature of Parent/Guardian: _____ Date: _____

Release:

I/we acknowledge that participating in sports can be dangerous activities involving many risks or injury. In consideration of my child being allowed to participate in competitive sports, and intending to be legally bound, I/we do hereby release and forever discharge Tri-City Christian Academy (TCCA), its Board, officers, employees, coaches, administrators, and volunteers from any/all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I/we have or which may hereafter accrue to me/us against TCCA, by reason of injuries sustained by my child participating in sports or in transit to or from participation in sports. I/we agree, for myself/ourselves and successors, that this Agreement and Release of Liability contains the entire agreement between myself/us and TCCA and that the terms hereof are contractual and not a mere recital.

Signature of Parent/Guardian: _____ Date: _____

Thank you!