



2019 Fall Middle & High School Athletic Participation Authorization

Please check: MS Soccer (Gr.6-8) HS Soccer (Gr.9-12)

Student _____ Grade _____ Date of Birth _____

Address _____

Parent EMAIL _____ Athlete EMAIL _____

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

Uniform Shirt Size: Please circle Youth or Adult XS _____ S _____ M _____ L _____ XL _____

Emergency Phone Numbers:

Father's Name _____ Home _____ Cell _____ Work _____

Mother's Name _____ 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: _____ 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 # _____

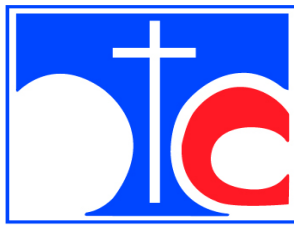
Name of Subscriber _____

Program Fee Schedule:

Registration Form, Physical Clearance Form (from doctor) and Payment due by September 6th, 2019

- 6th – 8th Grade MS Soccer: \$90 per Athlete
- 9th – 12th Grade HS Soccer: \$100 per Athlete

Please make checks payable to "TCCA Athletics". Thank you!



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Permission to Participate and Transport to Games:

I give permission for my child _____ to participate in TCCA's Fall Sports.

I hereby verify that a completed physical examination has been conducted and report form has been submitted to TCCA Athletics. Yes/No

I hereby verify that my son/daughter has been cleared by a physician to participate in sports with no restrictions, please attach written confirmation. Yes/No

If no, restrictions are: _____

I also give permission to TCCA to transport my child to and from sporting events by the vans provided by TCCA.

I understand that participating in TCCA's Middle and High School interscholastic sports program may require the early dismissal of my child from school. I understand that my child will have to complete any assignments missed by the early dismissal from school.

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: _____