

**Athletic Participation Form and Release**  
**The King's Christian Junior/Senior High School**

---

Student's Last Name	Student's First Name	Grade
---------------------	----------------------	-------

---

Address

---

Home Phone Number	Emergency Number
-------------------	------------------

---

Birthday (Month, Day, Year)	Place of Birth (City, State)
-----------------------------	------------------------------

---

The above student has my permission to participate in Interscholastic Athletic Activities as approved by the Board of Directors of The King's Christian School.

We have read The King's Christian School Athletic Handbook and understand our responsibilities involved.

We realize that there is a risk of the above named student being injured that is inherent in all sports. We expect school authorities and coaches to exercise every reasonable precaution to avoid accidents and injury. We hereby release The King's Christian School, the Board of Directors and its agents, servants, teachers, and employees of any liability whatsoever for any accidents that may occur during such participation.

We understand that the above named student will be responsible for the safe return of all athletic equipment issued to him/her, and we agree to be responsible to the Board of Directors in the event of loss or damage through carelessness or improper use.

We further understand that the Board of Directors has purchased Primary Excess accident insurance coverage for all Interscholastic Sports. Primary Excess means that benefits are payable for first \$100.00 of coverage expenses without regard to other insurance. Thereafter, benefits are payable for the covered expenses that are not recoverable from other valid medical insurance available.

We hereby certify that the student information given above is correct.

Accident or Hospitalization insurance carried by parents which would cover any injury the student might have while participating in school athletics: \_\_\_\_\_  
Insurance Company

---

Family Physician	Phone Number
------------------	--------------

---

Hospital Preference (list two)

---

Parent/Guardian Signature	Date
---------------------------	------

---

Student Signature	Date
-------------------	------

---