



Athletic Participation/Hold Harmless

Student Name: Last _____ First _____ MI _____

Date of Birth _____ Student Age _____ Gender M ___ F ___

Grade _____ Student lives with _____

Address _____ City _____ State _____ Zip _____

Father's Name _____ Home Ph _____ Cell _____

Mother's Name _____ Home Ph _____ Cell _____

Emergency Contact _____ Phone _____

Doctor to notify in case of emergency _____ Phone _____

Student's medical insurance company _____ Policy No. _____

In order for your student to participate in the Athletic Program offered at CCA, this form must be completed and returned to the school office. There is a required athletic fee per student per sport that must be paid in full prior to the beginning of the season. Summer programs will require payment by check made payable to Calvary Chapel (not Calvary Chapel Academy).

Hold Harmless Release and Indemnification Agreement is to be completed and signed by all parents/guardians; whether married, divorced, or separated, a parent/guardian with legal custody must sign.

This form covers all sports and/or clubs for which the Athletic Director issues a sport/season-specific registration form.

Signing of this form will also serve as the parent/guardian agreement to having read and agreeing to abide by everything established in the CCA Athletic Handbook.

HOLD HARMLESS RELEASE AND INDEMNIFICATION AGREEMENT

I understand that participation in interscholastic and other voluntary after-school sports includes risk of injury that may range in severity from minor disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk.

I/we understand that my child's participation in Calvary Chapel Academy's after-school athletic programs is voluntary and that my child and I/we are free to choose not to participate. I/we consent to my child's participation in the Calvary Chapel Academy's after school athletics programs. I understand that Calvary Chapel Academy and/or Calvary Chapel Melbourne, their employees, officers, and agents will not be liable for personal injuries and/or property damage as a result of my child's participation in the school's athletic program.

I/we, on behalf of myself/ourselves and my/our minor child, agree to release, hold harmless, and indemnify Calvary Chapel Academy and/or Calvary Chapel Melbourne, their employees, officers, and agents, from any loss, cost, damage and/or expense of any nature, including all attorneys' fees and costs which I or my child may have resulting, either directly or indirectly, from my child's participation in Calvary Chapel Academy's athletics program.

By signing this Agreement, I/we acknowledge that we have read and understand this document, acknowledge that we understand the potential for injuries, and accept the risk and responsibility of participation in Calvary Chapel Academy's athletics program.

Signature _____ Date _____

Parent/Legal Guardian

Signature _____ Date _____

Parent/Legal Guardian

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of _____, and grant to Calvary Chapel Academy and/or Calvary Chapel Melbourne, its employees, and agents full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety of my child and authorize them to obtain emergency medical or dental services for my child, if necessary, at my expense.

Signature _____ Date _____

Parent/Legal Guardian

Signature _____ Date _____

Parent/Legal Guardian

Emergency Phone No. _____