



PARENT/STUDENT ACKNOWLEDGEMENT OF RULES

Attention School Authorities: This form must be signed yearly by both the student and parent/guardian and be on file at your school before the student may participate in any practice session, scrimmage, or contest. A copy of the student's medical history and physical examination form signed by a physician or medical history form signed by a parent must also be on file at your school.

Student's Name _____ Date of Birth _____

Parent or Guardian's Permit

- I hereby give my consent for the above student to compete in Covenant Academy approved sports, and travel with the coach or other representative of the school on any trips.
- It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. Covenant Academy does not assume any responsibility in case an accident occurs.
- The undersigned agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student.
- If, in the judgment of any representatives of the school, the above student needs immediate care and treatment as a result of any injury or sickness, I do hereby request, authorize, and consent to such care and treatment as may be given to said student by any physician, licensed athletic trainer, nurse, hospital, or school representative; and I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.
- I have provided a physical form regarding the health of my student as a parent/guardian. I understand that failure to provide accurate and truthful information on all forms could subject the student in question to penalties.

Your signature below gives authorization that is necessary for the school, its licensed athletic trainers, coaches, associated physicians and student insurance personnel to share information concerning medical diagnosis and treatment for your student.

Signature of student _____ Date _____

Signature of parent or guardian _____ Date _____

Street address _____

City _____ State _____ Zip _____

Phone _____ Email Address _____