



Cumberland Christian Academy

Christian Education that Transforms Heart, Soul, and Mind
ATHLETIC PARTICIPATION RELEASE FORM

We, the parents of _____ grant permission for our son/daughter to participate in team sports at Cumberland Christian Academy. We further release the chaperones, faculty, and drivers of any and all liability incurred from accidents or injuries from such participation. We understand that team sports are a voluntary extracurricular activity outside the bound of expected experiences. We grant permission to qualified medical practitioners bearing Georgia license to treat our child in case of injury.

Parent Signature Date

Participant's insurance Policy Number Group Number Exp Date
****must include copy of insurance card - front and back****

Pediatrician/Family Doctor Name Phone Number

Emergency Contact Info **NAME** **PHONE NUMBER** **CELL NUMBER**

ALTERNATE EMER CONTACT **RELATION** **PHONE NUMBER** **CELL NUMBER**

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Medical conditions to be aware of: _____

List all medications student takes on a regular basis that we should be aware of:

MEDICATION DOSAGE REASON

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Allergies (Medications, Food, Plants, Insects etc.) _____

Please Initial all that apply:

- We grant permission for the following over-the-counter medications to be administered to my child:
 Acetaminophen *Ibuprofen* *Benadryl* *Antacid* *Throat Lozenges*
- We grant permission for our child to be transported with the team by a coach or parent to and from sporting events.
- We grant permission for our child to travel in a private vehicle driven by another student to and from sporting events.
- We grant permission for our child to transport another student(s) in their vehicle to and from sporting events.

THIS FORM MUST BE COMPLETED BY PARENTS AND RETURNED TO THE SCHOOL OFFICE IN ORDER TO PARTICIPATE IN A SPORTS EVENT!