

**Athletic/Medical Release**  
**For**  
**Crossroads Christian School**

\_\_\_\_\_ has my permission to participate in the 2019-2020 season  
(Student's Full Name)

of \_\_\_\_\_.  
(Name of Sport)

Please list any medical conditions, allergies, or other information regarding your child's health:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The undersigned has read and agrees to release the school/church and its personnel, leadership, and volunteer adults from any liability in the event of accident, illness or injury that results from participation in activities listed above. This includes participation that may occur at Crossroads Christian School, other schools, and/or private homes in connection with the athletic program.

It is understood that participation in the above named sport, by nature, poses some inherent risk of injury.

IN CASE OF ACCIDENT, ILLNESS, OR INJURY, I hereby give my consent for the above named student to be treated by emergency personnel and/or be transported to the nearest hospital in case of accident or injury. I give my consent for Crossroads Christian School staff and/or parent volunteers to act as agent for the undersigned in consent to any x-ray examination, anesthetic, medical or surgical treatment and /or hospital care which is deemed advisable by a supervising licensed physician.

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's Phone #'s

\_\_\_\_\_  
Physician's Name/ Phone #

---