

SUMTER CHRISTIAN SCHOOL VERIFICATION OF INSURANCE

Name _____ Date _____

Address _____ Phone _____

Date of Birth _____ Height _____ Weight _____

INSURANCE INFORMATION:

Name of carrier _____ Name of Insured _____

Policy number _____

Phone number of insurance company _____

EMERGENCY CONTACT:

Name of person to contact in case of emergency:

Contact person _____ Relation to student _____

Address _____ Phone _____

PARENT INFORMATION:

Mother's name _____

Father's name _____

Address _____

Address _____

Phone: Cell _____

Phone: Cell _____

Work _____

Work _____

Home _____

Home _____

PARENTAL PERMISSION FOR ATHLETIC PARTICIPATION

To Sumter Christian School:

As the parent or legal guardian of _____, I give my consent for his/her participation in practice or games for any sport **circled** below and the medical evaluation required for that sport. To the best of my knowledge, my child has no other injuries or conditions which would affect his/her ability to participate in interscholastic athletics. I understand that injuries are a possibility and do not hold the school responsible in any way. I also grant permission for treatment deemed necessary for a condition arising during participation in these activities. This includes any medical or surgical treatment thought necessary by a medical doctor. I understand that every effort will be made to contact me prior to treatment. I also give my permission for my child to travel with the team by means of transportation provided by Sumter Christian School.

Soccer Volleyball Basketball Softball Baseball Cheerleading

Signed: _____

Date: _____

(Parent or legal guardian)