

Student's Name _____ School Year: 20 - 20

Pullman Christian School Athletics

DOCUMENTATION AND SIGNATURES RELATING TO:

1. Athletics Handbook
2. Assumption of Risk
3. Concussion Information
4. Sudden Cardiac Arrest
5. Safety Guidelines
6. Travel Permission

In consideration of Pullman Christian School permitting the undersigned student to participate in athletics and activities and to engage in all areas of these activities, I, the participant, and I, the parent/guardian, hereby agree to assume the risks of minor to catastrophic injury or death associated with PCS athletics and activities programs. By signing this document, I acknowledge that I have read and understand its contents and warnings related to the known and unknown risks associated with the PCS athletics and activities program, and I give permission for the undersigned student to participate in PCS athletics and activities.

Therefore, permission is granted for the undersigned student to attend all practices and games during the current school year, including the traveling, and for Pullman Christian School & Living Faith Fellowship to provide transportation to, from, and during these events. I understand that there are risks associated not only with the activities listed above and other activities and I hereby assume the risk of these activities and I release LFF and PCS and its agents or employees from liability or claims that may arise as a result of the undersigned student participating in PCS athletics or activities.

I have read and understand the **PCS Athletics Handbook**. I realize my signature indicates that I have committed myself to its policies related to all athletics and activities.

I have read the **Assumption of Risk** section and understand its contents and warnings related to the stated risks, and I agree to follow the procedures described therein.

I have read the **Concussion Information** section and understand its contents and warnings related to the stated risks, and I agree to follow the procedures described therein.

I have read the **Sudden Cardiac Arrest** section and understand its contents and warnings related to the stated risks, and I agree to follow the procedures described therein.

I have read the **Safety Guidelines** section and understand its contents and warnings related to the stated risks, and I agree to follow the procedures described therein.

I have read the **Travel Permission** section and understand its contents and warnings related to the stated risks, and I agree to follow the procedures described therein.

Parent's/Guardian's Signature

Date

Student's Signature

Date

Pullman Christian School

EMERGENCY MEDICAL TREATMENT INFORMATION FORM

Student's Name _____ School Year: 20 - 20

Date of Birth _____ Address _____

Student's Physician _____ Physician's Phone _____

Insurance Co. _____ I.D. Number _____

List any life- threatening medical conditions and attach doctor's emergency care plan: _____

List any known drug or other allergies: _____

List any medications currently being taken: _____

List any other conditions or factors that might affect medical treatment: _____

I **GIVE PERMISSION** in the case of minor illness or injury, for the supervising adults to administer necessary treatment and or first aid for the above named minor child.

I **GIVE PERMISSION** in the case of serious illness, injury or emergency, for any licensed hospital, doctor's office or medical clinic, and the doctors on duty, to administer all necessary emergency treatment, surgical care, and any other treatment deemed necessary for the above named minor child.

Parent/Guardian Signature

Date

Primary Contact Phone

Secondary Contact Phone

Alternate Emergency Contact Name

Relationship to Child

Primary Contact Phone

Secondary Contact Phone

I **REFUSE PERMISSION** for medical treatment. If you refuse permission for medical treatment, use the bottom of this form to specify the procedure you wish the supervising adults to follow.

Parent/Guardian Signature

Date

Primary Contact Phone

Secondary Contact Phone