

**Willamette Valley Christian School
Parent-Student Athletic Participation Form**

Student Name: _____

Insurance Coverage Notification:

We understand that my student should not participate in interscholastic activities unless he/she is covered by accident insurance. I have accident insurance that will cover interscholastic athletics. I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in an interscholastic athletic program.

NOTE: Athletic Insurance is available through the WVCS office.

Physical Exam Notification:

As regulated by the OSAA, every student who participates in athletics must pass a physical exam from a licensed medical physician prior to participation. Physicals are valid for a 24-month period.

Potential Injury Notification:

We understand that there is a risk of injury in athletic participation. We understand that the dangers and risks of playing or practicing in sports, include but are not limited to serious neck and/or spinal injuries which may result in brain damage, paralysis, serious injury to virtually all organs and/or bones, and in some cases death. We have read the above and recognize the dangers of participating in athletics. We also recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions. We agree that WVCS and/or authorized employees of the school shall not be held liable for accidents or injuries received by my son/daughter while engaged in WVCS sponsored athletics. We further agree that WVCS and its authorized employees will not be responsible for payment of medical services resulting from such accidents or injuries.

Athletic Handbook Acknowledgment:

We have read the WVCS Athletic Handbook including the rules, regulations, and policies. We fully understand its meaning and consequences and support its enforcement by persons responsible.

Athlete Signature / Date

Parent (Guardian) Signature / Date

Athletic Office Use Only

- Date of Last Physical _____
- Date Athletic Fee Paid (HS \$100, MS \$50) _____
- Field Trip Release Form