



CCA Athletic Participation Form Student Athlete Information

Student's Status: Hybrid Student Connections Student Other-Guest

Athlete's Name _____ Grade _____ Date of Birth _____

Athlete's Address _____

Parent/Guardian Name: _____ E-Mail _____ Phone # _____

Parent/Guardian Name: _____ E-Mail _____ Phone # _____

Emergency Contact (other than parent) _____

Relationship _____ Emergency Contact Phone # _____

Insurance Information

Policyholder/s Name _____ Insurance Company _____

Policy Number _____

Emergency Medical Treatment Permission and Information

I hereby authorize CCA to obtain any medical emergency care that may become reasonably necessary for the student during the course of athletic participation and travel.

Allergies and/or Special Conditions _____

Medications Taken by Student _____

Family Physician Name and Phone # _____

Student Participation /Travel Permission/Notary

I hereby give my consent for the above-named student to represent CCA in Athletics. I understand that I am primarily responsible for getting my student to practice and games. Should transportation be offered or provided, I give my consent for the above-named student to participate in the athletic team travel for all local or out-of-town trips, for the current school year. I hereby release, waive, discharge and covenant not to sue Classical Christian Academy and Faith Assembly, its directors, officers, agents, employees or volunteers. I absolve the school and driver of the vehicles from liability if an accident occurs during one of these trips. I also authorize school personnel and its representatives to administer first aid to my child if an injury or illness should occur. I absolve to hold harmless Classical Christian Academy and Faith Assembly, for whatever reason, except gross negligence of the school or its staff or designated representatives.

The above-named student resides with me, and I do hereby certify that I have read this form and understood the rules contained therein, and that the information given is accurate. I accept the responsibility to inform the school of any future changes of this information.

Signature of Parent/Guardian _____ Date _____

Print Name _____

STATE OF FLORIDA, COUNTY OF LEE

The foregoing instrument was acknowledged before me this _____ day of _____, 20____,

by _____, whom I do personally know or who has produced _____ as identification.

X _____ My commission expires (stamp):

Notary Public, State of Florida at Large