



**CCDS Athletic Department
Sports Medical Release Form
Acknowledgement & Assumption of Potential Risk
Voluntary Sports Event or Activity**

Participants name: _____ Age: _____

Address: _____ City _____ Zip _____

Parent Guardian Name(s): _____

Home Phone: _____ Work Phone: _____

Primary Care Physician: _____ Phone: _____

Existing Medical Coverage: _____ Plan #: _____

Known allergies: _____

(include medication, food, bee stings, etc.)

Current Medications: _____

(or any related information that would assist in safe treatment)

Date of last Tetanus Booster: _____

_____ (student name) has my permission to participate in the activity of Volleyball, Basketball and/or Cross Country. These sports are inherently dangerous and a participant is at of being seriously injured. These injuries could include, but are not limited to, the following:

- | | |
|--------------------|---------------------|
| 1. Sprains/strains | 6. Disfigurement |
| 2. Fractured bones | 7. Head Injuries |
| 3. Cuts/abrasions | 8. Loss of eyesight |
| 4. Unconsciousness | 9. Concussion |
| 5. Paralysis | 10. Death |

All participants in this activity should understand that they participation is voluntary and is not required by Chico Country Day School

The undersigned has read and hereby agrees to hold Chico Country Day School, its employees, agents, volunteers, and /or sponsors, and any other person, firm or corporation charged or chargeable with responsibility or liability free and harmless from any and all claims, demands, damages, costs, expenses, loss of services, action and causes of action resulting from the use of the facilities, equipment and participation by my son/daughter in the above names sport.

I acknowledge that I have carefully read this voluntary activities form:

Parent/Legal guardian signature

Date

Student signature

Date



Medical Release

I hereby permit my child _____ to participate on Chico Country Day School's _____ team. I understand and fully accept that there are risks involved in sports, and accidents and injuries are common and are ordinary occurrences in sports. I hereby release and hold harmless Chico Country Day School, Chico Country Day School Board of Directors, the Athletic Director, designated coaches and program officials and supervisors from all liability, and from all actions or claims that I or my child nor or hereafter have for damage of injury to my child now or hereafter have for damage or injury to my child or to any person or property, resulting from the negligence or other acts of any employees or volunteers in connection with my child's participation.

In the event that my child becomes ill or sustains an injury while in the car or under the supervision of the Sports program operated by Chico Country Day School, any of the adult supervisors of the activity is given my permission to administer first aid for my child's relief. If it is not practical to return my child to me or to receive my instructions for his/her care:

I, the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and emergency hospital care, which are deemed advisable by and are rendered under the general or special supervision of any of the medical staff and emergency room staff licensed under the provisions of the Medicine Practice Act and on the staff of any acute general hospital from the State of California Department of Health. It is understood that efforts shall be made to contact the undersigned prior to rendering treatment to the patient, but that any of the above treatment will not be withheld if the undersigned cannot be reached.

I further agree to not hold Chico Country Day School liable for medical aid rendered and will make reimbursement for the medical or other expenses incurred for the care of the named minor.

Parent/Guardian Signature Date

Relationship to Minor

Emergency Contact: _____ **Phone:** _____

In the event a parent/guardian cannot be reached, please indicate relatives or family friends who may be contacted in an emergency for pick up.

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____

Name: _____ **Phone:** _____

Relationship: _____