

# PARENTAL PERMISSION TO PLAY SPORTS FORM

## Humble Christian School

16202 Old Humble Road Humble, TX 77396 281-441-1313

### PARENT/GUARDIAN TO COMPLETE THIS SECTION

Student: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

I, the parent/guardian of the above-named, request Humble Christian School to allow my child to participate in the following sport(s).

Check all that apply:  Cheerleading  Football  Volleyball  Basketball  Other \_\_\_\_\_

1. I understand that in the event of illness or a serious injury to my child, the coach or administrator will attempt to contact me by calling the following phone numbers. If I cannot be reached and the coach or administrator feels the injury is serious enough to warrant emergency treatment, that person will phone our family doctor and an ambulance and my child will receive emergency treatment. This procedure is acceptable to me.

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Home Phone Number Mother's Work Phone Number Father's Work Phone Number

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Mother's Cell Phone Number Father's Cell Phone Number

\_\_\_\_\_  
Name of Family Doctor (\_\_\_\_\_) \_\_\_\_\_  
Family Doctor's Phone Number

\_\_\_\_\_  
Name of Emergency Contact (\_\_\_\_\_) \_\_\_\_\_  
Phone Number of Emergency Contact

2. I am aware that participation in the above-named sport(s) has some inherent physical risks, that injuries can and may occur; on rare occasion these injuries can cause temporary or permanent disability, temporary or permanent paralysis, or death. In consideration for my son/daughter being allowed to play on the above-named team(s), I assume the risk of all injury, paralysis, or death caused by his/her participation in the above-named sport(s). I agree to release from any legal liability and agree not to sue Humble Christian School, administration, coaches, agents, or volunteers for any and all injuries caused by or resulting from any participation in the above-named sport(s).

3. If the student has health or accident insurance, list the following information:

\_\_\_\_\_  
Company Name Policy Number Group Number

I have read and will abide by the policies set forth in the Humble Christian School Family Handbook. I further understand that Humble Christian School will enforce all rules and regulations contained in the Humble Christian School Family Handbook.

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### STUDENT TO COMPLETE THIS SECTION

I have voluntarily requested to participate in the Humble Christian School sport(s) listed above. I am aware that participation in the above-named sport(s) has some inherent physical risks. In consideration for being allowed to play on the above-named team(s), I freely assume these risks. I have read and will abide by the policies set forth in the Humble Christian School Family Handbook. I further understand that Humble Christian School will enforce all rules and regulations contained in the Family Handbook.

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_