WESTMINSTER ACADEMY ATHLETICS PARTICIPATION WAIVER
for 20___ - 20___ SCHOOL YEAR

Student Name: _____ Grade Level_____

Address: _____ Zip Code: _____ Birth Date: _____

Telephone ( ) _____ Cell Phone ( ) _____

Health Insurance Carrier: _____ Policy Number: _____

Permission to Participate

I hereby give my permission for the above-named student to practice, compete, and represent the school in interscholastic sports except any restrictions as noted on the current, effective physical examination card as completed by a licensed physician/medical staff. This letter shall be provided to each student when they sign up to participate in a sport. No athlete will be permitted to participate until this form is signed and on file with athletic director. Plus, this form serves as a notification of parental (guardian) permission to participate in sports at Westminster Academy.

Permission for Emergency Medical Care and Conveyance

I further grant permission for my son/daughter, named above, in case of injury as a result of athletic participation, to be given emergency attention/care by the coaching staff, athletic trainer, or any other physician present, and to be conveyed to an emergency medical facility, if needed. I understand that all medical costs that could occur from such conveyance and subsequent treatment are the sole responsibility of the parents/guardians, and I understand that Westminster Academy will assume no liability for the cost of said conveyance or treatment.

Informed Consent

I understand that injuries could occur as a result of participation in athletics. I understand that these injuries could include minor injuries such as bruises or abrasions, muscle strains, sprains, or broken limbs. I understand that it is possible that a catastrophic injury could occur rendering my son/daughter paralyzed, and that death could also occur as a result of a catastrophic injury.

Insurance Waiver

I certify that I have adequate insurance coverage on the above-named student to cover medical expenses in the event of an athletic-related accident or injury.

Signature

By signing this form I am attesting to the fact that I understand and agree to all conditions set forth on this form and that if I have not understood any information, I have sought and received an explanation, and I am fully aware that I am granting permission for the above-named student to participate in the Westminster Academy Athletic Program.

_____ _____

Parent/Guardian Signature Date