



CCA Athletic Participation Form

Student-Athlete Information

Student's current status: Full Academic Student at CCA Connections student at CCA

Name _____ Grade _____

Date of Birth ____/____/____

Address _____

Email Address: _____

Insurance Information

Policyholder's Name _____

Insurance Company Name _____

Policy Number _____

Emergency Medical Treatment Permission and Information

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

Allergies and/or special medical problems: _____

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 names student to participate in team travel for local or out-of-town trips, for the current school year. The above named student has my permission to participate in all athletic trips during the current school year. I hereby release, waive, discharge and covenant not to sue Classical Christian Academy and Faith Assembly, its directors, officers, agents and employees. I absolve the school and driver of the vehicle from liability if an accident occurs during one of these trips. I also authorize school personnel to administer first aid to my child if any 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, employees or designated representatives.

The above named student resides with me, and I do hereby certify that I have read this form and understand 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 _____

Telephone # _____

Date _____

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. My commission expires (stamp):

X _____
Notary Public, State of Florida at Large