



CARROLL CHRISTIAN SCHOOLS
ATHLETIC PARTICIPATION AND
HEALTH EXAMINATION FORM

Name _____ Birth Date _____
Home Address _____
Parent's Name _____ Telephone No. _____
Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____
Significant Past Illness or Injury _____

Eyes _____ R 20/ _____; L 20/ _____; Ears _____ Hearing R15/ _____; L15/ _____
Respiratory _____
Cardiovascular _____
Liver _____ Spleen _____ Hernia _____
Musculoskeletal _____ Skin _____
Neurological _____ Genitalia _____
Laboratory: Urinalysis _____ Other _____
Comments: _____
Completed Immunizations: Polio (date) _____ Tetanus (date) _____
Other _____

I certify that I have on this date examined this pupil and find him/her physically able to compete in supervised activities NOT
CROSSED OUT BELOW.

BASEBALL BASKETBALL VOLLEYBALL SOFTBALL SOCCER CHEERLEADING

Date of Examination _____ Signed _____

Physician's Address _____ Examining Physician _____
Tel. No. _____

AUTHORIZATION FOR PARTICIPATION IN INTERSCHOLASTIC ATHLETICS

As parents or legal guardians of _____ we hereby authorize and consent to our child's participation in interscholastic athletics and sports. We understand that the sport in which our child will be participating is potentially dangerous, and that physical injuries may occur to our child requiring emergency medical care and treatment. We recognize that, even with proper training and equipment, there is always a risk of serious accidental injury or death inherent in interscholastic athletics and sports.

In consideration of the acceptance of our child by Carroll Christian Schools in its athletic program, we agree to release and hold harmless the leadership of Church of the Open Door and Carroll Christian Schools, its members, the principal, all coaches, and assistant coaches, and any and all other of their agents, servants, and/or employees and agree to indemnify each of them, from any and all claims, costs, suits, actions, judgment, and expenses, arising from our child's participation in interscholastic athletics and sports.

We hereby give our consent and authorize the administration of Carroll Christian Schools and its agents, servants, and/or employees to consent on our behalf and on behalf of our child, to emergency medical care and treatment in the event we are unable to be notified by reasonable attempts of the need for such emergency medical care and treatment.

We understand and agree that we will be responsible for all medical bills and costs that may be incurred as a result of medical care and treatment of our child, and agree to provide proof of insurance coverage of our child against accidents and injuries in school sponsored games, and practice sessions, and during travel to and from athletic contests.

Students who have made a decision to take part in the athletic program will be required to practice and participate in scheduled contests after school and possibly on non-school days. Supervision at practice, games, and travel will be provided by the school.

In addition, it is recognized that all students must comply with eligibility regulations that govern athletics at Carroll Christian Schools as approved by the school administration.

It is the responsibility of the parent or guardian, and not that of school officials, to determine the amount of insurance protection necessary to adequately insure against serious accidental injury. It is also the responsibility of the parent or guardian to make sure that all insurance premiums are timely paid, that there is no lapse of insurance coverage, and that the child is insured from the first day of practice to the last day of post-season competition. Carroll Christian Schools is not an insurer, and, under no circumstances, will Carroll Christian Schools, its members, agents, employees, or insurers be held liable for any injury or death arising out of a child's participation in interscholastic athletics or sports, or as a result of inadequate insurance coverage.

By evidence of the signature below, you are testifying that you:

- Have read the Handbook for Student Athletes and Parents
- Understand the eligibility standards

Failure to complete, sign and return to your child's coach will result in his/her exclusion from participation in the interscholastic athletic program of Carroll Christian Schools.

Please check the appropriate space:

I have: No insurance Other Insurance (family sponsored)

Student's Signature

Date

Parent/Legal Guardian's Signature

Date



CARROLL CHRISTIAN SCHOOLS
550 BALTIMORE BLVD., WESTMINSTER, MARYLAND 21157
PARENT PERMISSION FORM

To Whom It May Concern:

I give my son/daughter _____, permission to travel to away games and tournaments during the _____ school year.

I give permission to a representative of Church of the Open Door/Carroll Christian Schools to authorize any and all necessary emergency treatment, including medical, x-ray, surgical, and dental for my child.

_____ Date _____ Parent's Signature **(must be signed in front of Notary)**

Home Phone Number _____ Work Number _____

Please describe any existing medical conditions or medication(s) being taken:

Allergies:

STATE OF MARYLAND

COUNTY OF _____

I HEREBY CERTIFY that on this _____ day of _____, 20____, before me, a Notary Public for the State of Maryland, county aforesaid, personally appeared _____ personally known or made known to me to be the person who executed the foregoing instrument, and made oath under the penalties of perjury that the facts and statements contained in this document are true and that he acknowledged to me that he freely and voluntarily executed the same for the purposes named therein.

WITNESS my hand and seal.

My commission expires: _____

Notary Public

