

**Cornerstone Christian Academy  
2010-2011 School Year  
Athletic Liability and Medical Release Form**

Name of Athlete: \_\_\_\_\_

**ATHLETIC LIABILITY RELEASE**

I/We the parent(s)/guardian(s) of \_\_\_\_\_ do attest that our child is in good physical health.

I/We understand that participation in sports can result in injury. I/we hereby give my/our consent to allow my/our child to participate in CCA athletic programs not specifically excluded by the parent or physician on the "medical history forms". I/We assume all of the risks, hazards, and financial obligations incidental to the activity of the sport.

I/We hereby release, absolve, indemnify, and hold harmless Cornerstone Christian Academy and the coaches, teachers, administrators, board members, volunteers, and participants and any other person or entity duly acting on behalf of Cornerstone Christian Academy from any claims arising out of any injuries, of any nature, to my/our child while participating in CCA activities.

**MEDICAL CONSENT FORM**

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, X-ray examinations and immunizations for the above named student if I, as a parent/guardian, am not present. In the event of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with me, the treatment necessary in the best interest of the above named student may be given.

In the event that an emergency arises during a practice session, every effort will be made to contact the parents/guardians as soon as possible. Permission is also granted to Cornerstone Christian Academy to provide the needed emergency treatment to the athlete prior to his admission to the medical facilities.

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian  
Signature \_\_\_\_\_ Date \_\_\_\_\_

Phone Numbers where Parents/Guardians can be reached:

Office \_\_\_\_\_

Home \_\_\_\_\_

Cell \_\_\_\_\_

Other \_\_\_\_\_

Name of Family Physician \_\_\_\_\_ Phone  
Number \_\_\_\_\_

Insurance Company Group/Policy  
Number \_\_\_\_\_