



Athletic Participation Information Form

Parents' Name

Student's Name

Sport(s) your child intends to play

Address

Telephone

Cell Phone

Emergency Contact Information

Coach(es) Signatures

I agree to allow my son/daughter to participate in athletics at Harrells Christian Academy. I have read and agree to comply with the rules and regulations set forth by the HCA athletic department and the HCA student handbook.

I am aware that participating in any interscholastic sport, engaging in contact or not, involves the risk of injury. Because of the risk of participating in athletics, I recognize the importance of following the coaches' instructions regarding playing techniques, training and team rules, and to obey all team instruction. In consideration of Harrells Christian Academy permitting my child to participate and play athletics, and to engage in all activities related to them, I hereby voluntarily assume and understand all risks associated with participation and agree to exonerate and hold harmless Harrells Christian Academy, their agents, employees, and Board of Directors, from any and all liability claims whatsoever that may arise with my child's participation in athletics at Harrells Christian Academy.

I also have read and understand Harrells Christian Academy's philosophy regarding athletics and understand that by my child participating in no way guarantees playing time. I understand the belief for success by our athletic department and its coaches and have no intention of hindering their means and will for success.

Please provide the information requested below:

Medical Insurance Company

Policy Number

Date

Student Signature

Parents' Signature
