

Liability Waiver and Permission to Participate in After-School

Sports Activities On- and Off-Campus
(After school sports league participation only.)

As the parent/guardian of (student's full name) _____,
I hereby grant my permission for him/her to participate in the after-school sports
program and to attend games on and off campus, being transported by private vehicle. I
waive all claims against Escondido Christian School or the International Church of the
Foursquare

Gospel for injury, accident, illness, or other adverse occurrence during or by reason of
the activity. Authorization to treat minors: In the event that I, or other parent/guardian,
cannot be contacted, I hereby give permission to the School staff to secure proper
medical/dental treatment for the above-named child.

I understand that school policy requires a physical, in order for students to participate in
the after-school sports program. In the event that an appointment cannot be made until
after the start of school, and after the first scheduled game, I acknowledge that, to the
best of my knowledge, (student full name) _____ is free from
any physical limitations and I will not hold
Escondido Christian School liable in the event of any health situation that could arise
based on withheld information.

Parent /Guardian Signature _____

Date _____

Please turn in this page to your PE coach