

CALVARY CHAPEL CHRISTIAN SCHOOL



CALVARY CHAPEL CHRISTIAN SCHOOL ATHLETE'S INSURANCE WAIVER FORM

I confirm that _____ (athlete's name) has personal insurance coverage in case of injury while participating in any school sponsored athletic event. I, hereby remove any or all responsibilities from Calvary Chapel Schools of Downey in the event of any injury during participation in an athletic event.

Parent: _____

Date: _____

Student: _____

Date: _____

Insurance Carrier: _____

Policy # _____

CONSENT FOR TRANSPORTATION OF A MINOR AND WAIVER

This is to certify that I/we, the parent(s) or guardian(s) of: _____ do hereby authorize **Calvary Chapel Christian School of Downey** to transport my son/daughter to and/or from practice or game sites. I/we further authorize **Calvary Chapel Christian School of Downey** as agents to consent to any medical, surgical, or hospital care which is deemed advisable by, and is rendered under the general or special supervision of any physician or surgeon licensed under the provisions of the Medical Practice Act of the State of California. This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of the State of California. I/we expressly waive any and all claims against **Calvary Chapel Christian School of Downey** or its representatives, on account of injury or other damages that may be incurred to:

Which level are you participating in? _____

Sport _____

Medical Insurance Company _____

Policy or ID Number _____

Signature of Parent _____

Date _____

It is God who arms me with strength, And makes my way perfect. Psalm 18:32