

New Covenant Christian School
452 Ebenezer Road, Lebanon, PA 17046

Phone: (717) 274-2423
Fax: (717) 274-9830

ATHLETIC PERMISSION FORM

I hereby grant permission for my child to participate in the FALL, WINTER, and/or SPRING athletic seasons. I hereby waive, release, indemnify, absolve, and hold harmless New Covenant Christian School of Lebanon, its administration, teachers, supervisors, physical education directors, managers, persons transporting my child to and from activities, and other participants from any claim arising out of an injury or sickness to my child.

I authorize the personnel of New Covenant Christian School to administer first aid to my child in the event of his/her involvement in an accident or sickness.

Furthermore, I authorize the personnel at New Covenant Christian School to use the services of the physician of their choice to examine, recommend, or administer treatment to my child at times of accident or sickness.

This permission form, the sports physical and individual sports fees must be paid per sport before students will be permitted to begin practice.

Student's Signature: _____ Date: _____

Father's Signature: _____ Date: _____

Mother's Signature: _____ Date: _____

Name: _____ Date of Birth: _____

Home Address: _____

City: _____ State: _____ Zip Code: _____

Phone Numbers: Home: (____) _____ Business: (____) _____

Emergency: (____) _____

Please circle YES or NO (give details when necessary):

Allergic to any medicine YES / NO _____

Diabetic YES / NO _____

Convulsive Disorder YES / NO _____

Asthma YES / NO _____

Allergies (be specific and list) YES / NO _____

Any other medical problems we need to know about? Please list: _____

Medications your child will have to take as prescribed by a doctor (list medication and dosage): _____

Name of Insurance Company: _____

Employee Name: _____ S.S.Number: _____

Group Number: _____ Policy Number: _____