

## **PARENTAL CONSENT AND RELEASE — KCHS SPORTS CAMPS**

I am the custodial parent or legal guardian of my son/daughter (hereinafter referred to as player) whose name is listed below and I verify my player is under the age of 18. I recognize that any sport is a physical and physically demanding activity. I understand that there is a risk that my player may be injured during and as a result of her participation in this activity. Nonetheless, **I do hereby fully approve and give my consent to their participation in skills evaluation, camp, workout and/or competitive sessions that are conducted by Kalamazoo Christian High School.**

I further recognize that the coaches, volunteers and the Board of Directors of Kalamazoo Christian High School and Kalamazoo Christian School Association are not and will not be held responsible for any injury or harm to my player resulting from their participation in skills evaluation, camp, workout and/or competitive sessions conducted by Kalamazoo Christian High School, or in transportation related to their participation.

Therefore, I fully release and hold harmless Kalamazoo Christian High School and Kalamazoo Christian School Association and its coaches, volunteers, Board of Directors and others involved in sponsoring this event, from any and all claims or causes of action or liability for injury, loss or damage that may result from my player's participation.

I hereby certify that I have obtained appropriate medical evaluation of my player and certify that my player has no health problems which would cause my player to be at special risk of injury or harm due to their participation in skills evaluation, workout and/or competitive sessions. I accept sole responsibility to continue to monitor my player's health and to advise Kalamazoo Christian High School in writing if this condition changes and my child's participation should be limited, controlled or curtailed.

I acknowledge that Kalamazoo Christian High School and Kalamazoo Christian School Association does not provide medical care or medical cost insurance. I remain fully responsible for any and all costs and for any medical care required for my player, even if related to their participation in Kalamazoo Christian High School skills evaluation, camp, workout and/or competitive sessions.

I hereby give my permission to have Kalamazoo Christian High School coaches make decisions to administer first aid and permission to medical care professionals to treat any emergency injury for my player should they be injured during participation in Kalamazoo Christian High School skills evaluation, camp, workout and/or competitive sessions.

I have carefully read and understand all of the terms of this Parental Consent and Release and fully agree with all of its terms and conditions.

Name of Player: \_\_\_\_\_ Phone Number(s): \_\_\_\_\_

Address: \_\_\_\_\_

I certify that I am the custodial parent of the above named Player and that I have the legal authority to execute this Release on behalf of the Player, her heirs, family and assigns.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

I understand that there is an increased risk of injury associated to participation in volleyball skills evaluations, workouts and competitions and agree to participate responsibly in respect to other participants, coaches and myself.

Player Signature: \_\_\_\_\_ Date: \_\_\_\_\_, 20\_\_\_\_

**A form must be submitted during the CURRENT YEAR  
in order to participate in a Kalamazoo Christian High School activity  
NO EXCEPTIONS!**