



CENTRAL BAPTIST SCHOOL SPORTS INFORMATION FORM



Athlete's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Athlete's Cell Phone: _____

Father's Name: _____ Wk. Phone: _____ Cell Phone: _____

Mother's Name: _____ Wk. Phone: _____ Cell Phone: _____

Parent's Email: _____

Emergency Contact (other than parents listed above):

Name: _____ Phone: _____

Parent's Insurance Company: _____ Insurance Policy Number: _____

Other Insurance Information: _____

List any medical problems of the athlete: _____

Family Doctor: _____ Phone: _____

Hospital Preference: _____

**Central Baptist School Sports Waiver for Competing
In Sports for the Current School Year:**

In consideration of the participation of my child to participate in Central Baptist School athletic activities and to travel to and from practices and games on the CBS campus (hereafter as "event"), the undersigned, for ourselves, our respective heirs, executors, administrators, and assigns, jointly and severally forever release and discharge and agree to indemnify and hold harmless Central Baptist Church, Central Baptist School, and any participating sponsors, and directors, and teachers, and the administration, officers, employees, and agents of such parties from and against any demands, claims for damages and causes of action, known or unknown, that the undersigned may have for such demands, claims or causes of actions which may result from the gross negligence of any such party, such exception to apply only to such grossly negligent party. Each of the undersigned attests and verifies that we have full knowledge of the risks involved in the participation in this event, that we assume these risks, and that we will take and pay all medical and emergency expenses of the participant in the event of an accident, illness, or another incapacity, regardless of whether we have authorized such payment, and that the participant is physically fit and sufficiently trained to participate in the event.

I also hereby grant permission and consent to render medical treatment to the athlete in the event of injury.

This form must be signed by the parents or legal guardians.

The parent or legal guardian must sign this release before the student will be allowed to participate in CBS Athletics for the current school year.

Parent's Signature: _____ Date: _____

Student's Name: _____ Date: _____