

Sport: _____

PCHEA Warriors
Athlete Application and Release

Athlete's Full
Name: _____

Birthdate: _____

Current Grade: _____

Age Today: _____

Player Home Phone: _____

Player email: _____

Home Address:

City: _____ Zip Code: _____

Player Height: _____ Player Weight: _____

What previous experience does the player have? _____

Any physical/medical limitations? (if yes, please describe)

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Dad's Name:

Mom's

Name: _____

Dad's Cell: _____ Mom's Cell: _____

Dad's Email _____ Mom's Email: _____

How many years have you been educated at home? _____

Attending any organized school classes? _____ If yes, what school?

How many courses? _____

Have you ever attended public or private high school? If yes, what school and which academic years? (May be required to show transcript):

By submitting this Application you agree to abide by all of PCHEA Warriors rules including the Athletic Handbook and Eligibility Requirements at all times.

Permission and Release of Liability: I give permission for my child to participate in this activity and I hereby declare that my child is physically able to participate in strenuous activity such as competitive athletics and any tryouts. In the event he/she is injured, I waive and release all rights to any claim for damages against the sponsor or its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration, in accordance with the Rules of the Institute for Christian Conciliation; judgment upon an arbitration award may be entered in any court otherwise having jurisdiction. I understand that PCHEA Warriors does not have medical insurance for players or coaches and I am fully responsible for any and all medical bills (PCHEA Warriors may have a secondary medical policy if needed).

Medical Release: In the event, my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted or are otherwise not available, I give permission for any emergency treatment that is deemed necessary by a licensed physician or emergency personnel.

Family physician: _____
Phone: _____

List pertinent medical information or physical limitations on the back of this form and alert coaches to any serious ailments or concerns (diabetes, allergies, asthma, etc.):

For Athletes: “As a PCHEA Warriors participant, I will promote Christ-like sportsmanship through playing fairly, respecting authority, and being a positive loser and a gracious winner. I will also promote Christ-like character through faithful attendance and participation in all sporting events and fundraisers. My attitude and appearance will reflect Christ at all times. I will also abide by all of PCHEA Warriors rules including the Athletic Handbook and Eligibility Requirements at all times.”

For Parents: “As the parent of a PCHEA Warriors participant, I will model and promote Christ-like sportsmanship through giving positive encouragement, respecting authority, and being a positive loser and a gracious winner.”

By signing this form, you are agreeing to all statements above, including, but not limited to, the release of liability and medical treatment.

Parent Signature: _____ Date: _____

Parent Signature: _____ Date: _____

Player Signature: _____ Date: _____