

# FOOTHILLS CHRISTIAN MIDDLE SCHOOL

350 Cypress, Ste. C, El Cajon, CA 92021

619-303-1641 619-312-1923 Fax

## MEDICAL RELEASE AND LIABILITY FORM

Activity:	<b>CHRISTIAN SPORTS LEAGUE – BOYS &amp; GIRLS BASKETBALL</b>
Dates:	Nov. – Feb. 2018
Location of travel if applicable:	San Diego County
Type of transportation:	Private Vehicles

Name of Minor: \_\_\_\_\_ Birth Date: \_\_\_\_\_

The undersigned represents to Foothills Jr. High School that he/she is a natural parent or legal guardian of the above named minor child; and,

The undersigned does hereby consent to such minor child taking part in the noted activity, with the full understanding that insofar as such activity will involve sporting activities, travel and mingling with the other individuals and group, that there is always the risk of injury, illness and loss, and possible consequent expense for medical diagnostic and curative treatments, and incidental loss and expense; and, in behalf of such minor assume the risk of such expense and does hereby wholly release Foothills Christian School from any responsibility or liability and waives any claims or causes or action against it or its agents that might arise on account of loss, injury or expense occasioned by any sort of accident or other circumstance involving such child, and agrees to hold harmless, Foothills Christian Jr. High School and the above mentioned names, in the event any such claim should arise; and,

The undersigned agrees to abide by the rules and regulations, supervision and discipline set and applied by Foothills Christian Jr. High and its agent; and, does hereby authorize Foothills Christian Jr. High School or its staff members or other agents to arrange for any consent to x-rays, examinations, anesthetic, dental, medical or surgical diagnosis, and treatment, and hold harmless Foothills Christian Jr. High School. The undersigned will furnish payment or insurance for, and such payment, at his or her own expense.

Address:	City	Zip
Home Phone:	Cell Phone:	
Doctor:	Phone:	
Insurance Information (if applicable)		
Person to contact if parent not available		
Day Phone:	Cell Phone:	

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date