



TRINITY OAKS  
CHRISTIAN ACADEMY

# Co-curricular Athletic and Activities Permission Form 2020-2021 School Year

**Student's Name** \_\_\_\_\_ **Grade** \_\_\_\_\_

I understand that Trinity Oaks will in no way assume the responsibility for any injuries sustained to any student, participant, adult sponsor, player, cheerleader, manager, statistician, etc. traveling to, from, or participating in the scheduled event, games, practices or rehearsals. I also understand that each sport/activity has its own inherent dangers and potential injury. I hereby authorize Trinity Oaks Christian Academy personnel, to seek and consent to emergency medical attention for my child as needed; and I further agree to be liable for and to pay all costs incurred in connection with such medical attention.

1. I hereby give consent to the above named student to participate in:

\_\_\_\_\_

\_\_\_\_\_

2. I understand and agree to the following:

- a. I hereby release, and will hold harmless and indemnify, Trinity Oaks Christian Academy, its employees, agents and volunteers, from and against any and all liabilities, claims, demands, causes of action and possible cause of action whatsoever arising out of or related to any loss, damage or injury (including death) that may be sustained by my child while participating in or traveling to or from these games, team practices or team gatherings.
- b. I agree to accept full responsibility, financially or otherwise, for any damage my child may do to the property of Trinity Oaks Christian Academy, properties visited at away games, other's personal property or vehicles used for transportation. We will not hold Trinity Oaks Christian Academy responsible for any accident or injury.
- c. To pay a \$110 fee for each sport.
- d. To pay a replacement fee for any damaged or lost uniform.

3. I realize that the primary insurance coverage, if any injury should occur, would be my responsibility.

Parent/Guardian Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact (other than parent):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Child's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies to medicines or other allergies: \_\_\_\_\_