



Lancaster Christian Academy Knights Athletics Clearinghouse

Elementary -- Athletic Eligibility Forms

Welcome to Knights Nation! The following documents are required for a student-athlete to become eligible to participate in athletic events (practice and/or games) with Lancaster Christian Academy. Please return all forms to the Knights Athletic Department.

Athletes Name: _____ Grade: _____ Sport(s): _____

Checklist:

- Lancaster Christian Academy Student & Athletics Handbook Agreement
- Lancaster Christian Academy Sports Waiver
- Consent for Athletic Participation & Medical Care
- Emergency Contact Information



Student & Athletics Handbook Agreement

I, (name of parent/guardian) _____, agree with the Lancaster Christian Academy student and athletics handbook and will abide by the given rules and policies. I understand that if I violate any of the given rules and policies, LCA's administration and/or the Knights Athletic Department, holds the right to suspend or remove you from all athletic teams/activities.

Parent/Guardian's Name(print)

Parent/Guardian's Signature

Date



Lancaster Christian Academy

Sports Waiver

In consideration of being allowed to participate in any way in the Lancaster Christian Academy Athletic Program and/or it's related events and activities, I, (name of athlete) _____, the undersigned acknowledges, appreciates, and agrees that:

1. The risk of injury from the activities involved in this program is significant, including the potential for permanent paralysis and death, and while particular skills, equipment, and personal discipline may reduce this risk, the risk of serious injury does exist; and,
2. I knowingly and freely assume all such risks, both known and unknown and assume full responsibility for my participation; and,
3. I willingly agree to comply with the stated and customary terms and conditions for participation. If, however, I observe any unusual significant hazard during my presence or participation, I will remove myself from participation and bring such to the attention of the released parties immediately: and,
4. By participation in or attending any activity in connection with this program, whether on or off the premises, I consent to the use of any photographs, pictures, film, or videotape taken of me or provided by me for publicity, compensation, copyright, or other ownership rights connected to same; and
5. I, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, indemnify, and hold harmless Lancaster Christian Academy, sponsors, advertisers, and if applicable owners, and lessors or premises used for the activity("released parties"), with respect to any and all injury, disability, death, or loss or damage to person or property, whether arising from the negligence of the releasees or otherwise, to the fullest extent permitted by law.

I have read this release of liability and assumption of risk agreement, fully understand its terms, understand that I have given up substantial right by signing it, and sign it freely and voluntarily without any inducement.

Parent/Guardian's Name(print)

Parent/Guardian's Signature

Date



Lancaster Christian Academy

Consent for Athletic Participation & Medical Care

Parent's Contact Information:

Parent's Name: _____	Cell# _____
Parent's Name: _____	Cell# _____
Email Address: _____	
Address: _____	City: _____ State: _____
<u>Emergency Contact</u>	
Name: _____	Cell# _____ Relationship: _____

Athlete's Information:

Athlete's Name: _____	Grade: _____	D.O.B. _____
Sex: Male ___ Female ___	Allergies/ Allergic to: _____	
Daily Prescribed Medications: _____		
Insurance Company: _____	Policy Number: _____	
Group Number: _____	Insurance Ph# _____	

I/we hereby give consent for (athlete's name) _____ to represent Lancaster Christian Academy in athletics. I realize that such activity involves potential for injury. I/we acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. On rare occasions these injuries are severe and results in disability, paralysis, and even death. I/we further grant permission to the school and athletic trainers, and/or EMT's to render aid, treatment, medical, or surgical care deemed reasonable necessary to the health and well-being of the student athlete named above during or resulting from participation in athletics. By the execution of this consent, the student athlete named above, and his/her parent/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached here to by those practitioners performing the examination. As parent(s) or legal guardian, I/we remain fully responsible for any legal responsibility which may result from any personal actions taken by the above-named student athlete.

Parent/Guardian's Name(print)

Parent/Guardian's Signature

Date

