

Wallaceburg Christian School Society - Board Policy Manual

Section: Students
Subject: 614-b Home-school Sport Participation Form

Subsection: Sports
Effective: February 2004

Home-Schooled Sports Participant

Information Form

Date Complete: _____

Completed By: _____

Family Name: _____

Given Name: _____

Date of Birth: _____

Parent/Guardian Name: _____

Home Address: _____

Contact Phone Number: _____

Emergency Number: _____

(in case parent/guardian cannot be reached)

Doctor: _____

Health Card Number: _____

Is your child on any medication or do they have any medical conditions (eg. asthma, seizures) that the coach should know about? Please describe.

Waiver of responsibility:

I/We understand that the school will do all in it's power to ensure the safety of the team. In the event of an accident or injury the school will not be held liable whether injury was sustained while going to/coming from or at a sports event.

Parental/Guardian Signature _____

I/We understand that any parent volunteer driver must meet eligibility of WCS insurance policy.

I/We hereby give permission for our child(ren) to participate on WCS sports teams.

Parental/Guardian Signature _____