



SCHAUMBURG
CHRISTIAN SCHOOL



CONQUERORS

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Consent and Release Form Athletic Team Participation for the 2018-2019 Year

I, the undersigned parent or guardian, hereby consent to my child,

First Name _____ Last Name _____ Grade _____

participating in any or all of the above stated activity, an event sponsored by **Schaumburg Christian School**, a ministry of **Bethel Baptist Church** during the 2018-2019 School Year. I certify that my child is able to participate in any and all athletic team activities including practice, traveling to games, and competition between teams. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached, I hereby authorize the team coach or an adult sponsor to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.

I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby agree to hold **Schaumburg Christian School** and **Bethel Baptist Church** and its agents and employees, harmless from any and all liability, actions, causes of actions, claims, expenses, and damages on account of injury to my child or property, even injury resulting in death, which I now have or which may arise in the future in connection with the activity or participation in any other associated activities.

I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.

I further state that **I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF AND I SIGN THIS RELEASE AS MY OWN FREE ACT.** This is a legally binding agreement which I have read and understand.

_____/_____/_____
Parent or Guardian Signature Date

(_____) _____ (_____) _____
Area Code Phone # Area Code Alternate Phone #

Medical conditions to be aware of: _____

I do not wish my child to participate in the following: _____

DON'T FORGET!

An up-to-date physical must also be on record with the School Health Office