Open Door Christian School Athlete Waiver Form

Student Name:	
Parent Name:	Parent Emergency Phone Number:
hereby declare that my child i athletics and any tryouts. In the damages against the sponsor	Liability : I give permission for my child to participate in this activity and I is physically able to participate in strenuous activity such as competitive the event he/she is injured, I waive and release all rights to any claim for or its representatives. I understand that ODCS may not carry medical these and I am fully responsible for any and all medical bills.
nor guardians can be contacted	nt my child suffers sudden illness, accident, or injury and neither parents ed or are otherwise not available, I give permission for any emergency essary by a licensed physician or emergency personnel.
Family physician	Phone
	mation or physical limitations below and alert coaches to any serious etes, allergies, asthma, etc.):
respecting authority, and bein character through faithful atte attitude and appearance will r	articipant, I will promote Christ-like sportsmanship through playing fairly, g a positive loser and a gracious winner. I will also promote Christ-like ndance and participation in all sporting events and fundraisers. My reflect Christ at all times. I will also abide by all of ODCS rules including gibility Requirements at all times."
sportsmanship through giving	of an ODCS participant, I will model and promote Christ-like positive encouragement, respecting authority, and being a positive loser gning this form, you are agreeing to all statements above, including, but ity and medical treatment.
Parent's signature: Date:	
Parent's signature: Date:	
(At least one parent signature)	