

**DAMASCUS CHRISTIAN SCHOOL
PARENT-STUDENT ACTIVITY PARTICIPATION STATEMENT
NOTIFICATION OF POTENTIAL FOR INJURY:
STUDENT**

I, _____, (student name) understand that there is a risk of injury in athletic participation. I understand that the dangers and risks of playing or practicing in sports include but are not limited to serious neck and/or spinal injuries which may result in brain damage, paraplegia, quadriplegia, serious injury to virtually all organs and/or bones, and in some cases death. I have read the above and recognize the dangers of participating in athletics. I also recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

STUDENT SIGNATURE _____

DATE _____

PARENT

I/We, _____, (parent(s) name) realize that athletic participation can involve many risks of injury including but not limited to those risks listed in the student section above.

I hereby grant permission for my child to participate in athletics. I agree that Damascus Christian School (DCS) and/or authorized employees of said school shall not be held liable for accidents or injuries received by my son/daughter while engaged in DCS sponsored athletics. I further agree that DCS, authorized employees or student organizations will not be responsible for payment of medical services resulting from such accidents or injuries.

NOTIFICATION FOR NEED OF ATHLETIC INSURANCE COVERAGE:

I, the undersigned, understand that my student should not participate in interscholastic athletics unless he/she is covered by accident insurance. I have accident insurance that will cover interscholastic athletics. I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in an interscholastic athletic program. (SPECIAL NOTE: Many insurance plans do not cover interscholastic athletics).

NEED TO ABIDE BY THE ACTIVITY CODE OF CONDUCT:

By my signature I am indicating that I have agreed to abide by the schools code of conduct and extracurricular guidelines as outlined in the DCS student/athletic handbook.

PHYSICAL EXAMINATION NOTIFICATION:

As regulated by the OSAA, every student who participates in athletics must pass a physical examination from a licensed medical physician prior to participation. Physicals are valid for a 24-month period. I give permission for my child to participate in the following sport(s):

**BASKETBALL, CHEERLEADING, CROSS COUNTRY, SOCCER, TRACK & FIELD,
VOLLEYBALL**

PARENT SIGNATURE _____

DATE _____