



# NEW LIFE CHRISTIAN ACADEMY

## Athletic Consent/Waiver Form

*This form is to be completed and signed by the student and their parent/guardian and is required prior to athletic participation.*

### **PARENT PERMISSION AND RELEASE**

Extracurricular athletic sport or activity: \_\_\_\_\_

I, \_\_\_\_\_, have read and understand the potential risk. I authorize New Life Christian Academy to administer first aid to my child/ward if injury befalls them. I authorize medical treatment should the need arise for such treatment while my child/ward is under the supervision of NLCA. I consent to medical treatment for the student-athlete following an injury or illness suffered during practice and/or a game. A sports physical will be required, and my child/ward will not be able to participate in any game or practice until one is on file. (see note attached) **\*The medical information form is not a sports physical.**

I understand that in the case of injury or illness requiring treatment by medical personnel and transportation to a healthcare facility, a reasonable attempt will be made to contact the parent/legal guardian. If necessary, the student-athlete will be treated and transported via ambulance to the nearest hospital. I further authorize the use or disclosure of my child/ward's personally identifiable health information should treatment for illness or injury become necessary.

I understand that New Life Christian Academy will not be responsible for medical expenses incurred solely on the basis of this authorization. I further agree to notify the office in writing of any health changes restricting my child/ward's participation in the athletics program. I also understand that the coaches and assistants reserve the right to restrict my child/ward from any activity they do not feel is within their physical capabilities.

\_\_\_\_\_ has my permission to participate and/or compete in the above-listed extracurricular sport or activity during the current school year. I understand that New Life Christian Academy is not liable for any injury that might occur.

By signing this document, we acknowledge that we have read the above information and that we consent to participation by the herein-named student. We understand that the authorizations and rights granted herein are voluntary and that we may revoke any or all of them at any time by submitting said revocation in writing to the NLCA school office. By doing so, however, we understand that the participant would no longer be eligible for participation in interscholastic athletics. Providing false information on this form renders it void, and the student-athlete may lose athletic eligibility.

**Note - Sports Physical**

Pursuant to state law and liability considerations, all athletes must submit a sports physical prior to any practice or game that has been completed by a licensed physician, nurse practitioner, or physician’s assistant. Sports physicals are valid for 365 days from the date on the physical.

Guardian Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_/\_\_\_/\_\_\_

**When completed, submit by email:**

office.nlcanc@gmail.com

**Or in person:**

New Life Christian Academy

2605 Southeast Blvd, Clinton, North Carolina 28328