

PEARL HARBOR CHRISTIAN ACADEMY (PHCA) SPORTS REGISTRATION FORM

Student Full Name _____ Date of Birth _____
SSN# _____ Gender: M F Date of Last Sport's Physical _____
Home Address _____ Phone# _____
City & State _____ Zip _____
Father/Guardian _____ Mother/Guardian _____
Address _____ Address _____
Home/Cell# _____ Home/Cell# _____
Work Phone _____ Work Phone _____

EMERGENCY CONTACT IF PARENTS/GUARDIANS CANNOT BE REACHED

1) Name _____ Relationship _____ Ph# _____
2) Name _____ Relationship _____ Ph# _____

LIST INFORMATION FOR PLANS STUDENT IS COVERED BY:

Father's Medical Plan _____ Mother's Medical Plan _____
Policy# _____ Ph# _____ Policy# _____ Ph# _____
Physician Name _____ Physician Name _____

Acknowledgement and Assumption of Risk:

I, _____, give permission for my minor child, _____ to participate in PHCA's Sports Program and all related activities, including traveling and transportation to and from games, practices, tournaments and/or team socials via hired vehicles, privately owned vehicles or walking; as well as participating with the Lutheran Schools Sports League (LSSL), Interscholastic League of Hawaii (ILH) and other private or public schools/organizations. I fully understand that PHCA Sports are contact and/or skill based activities and participation in these sports involves risks or serious bodily injury, including the potential for permanent paralysis or death. I understand that my child must complete a Sports Physical prior to competing and that to the best of my knowledge, he/she is in proper physical condition to participate in sports of this nature. I fully accept and assume all such risks and all responsibility for losses, costs, and/or damages that my minor child or I may incur as a result of his/her participation. I also verify that my child will have medical coverage as listed above for the full school year.

Emergency Authorization:

I further authorize coaches, assistant coaches or parents of team members acting in capacity of the activity supervisors or as vehicle drivers, as my Agents, to consent to medical, surgical or dental examination and/or treatment. In case of an emergency, I hereby authorize treatment and/or care at any hospital.

Release and Waiver of Liability and Indemnification:

I release, indemnify, covenant not to sue, and hold harmless Calvary Chapel Pearl Harbor, PHCA, the LSSL, ILH and other tournament organization participants or sponsors, their administrators, directors, agents, officers, volunteers, employees, from all liabilities, any losses, claims, demands, costs, or damages that my minor child may incur as a result of participation in PHCA/LSSL/ILH/Other Public and Private Organization Tournaments including but not limited to transportation to and from games, practices, tournaments, social events via hired vehicles, privately owned vehicles or walking. I further agree that if, despite this "Acknowledgement and Assumption of Risk and Release and Waiver of Liability and Indemnification Agreement" I, my personal representatives, heirs, next of kin, successors and assigns makes a claim against any of the Releases, I will forever indemnify, save and hold harmless each of the Releases from any litigation, expenses, attorney fees, loss, liability, damage or cost which may incur as a result of such claim.

My signature below indicates I have read, understand, and am in agreement with all of the above. I have also received the eligibility requirements and understand that requirements must be met in order for my child to continue participation in the Pearl Harbor Christian Academy sports program.

Signature of Student

Date

Signature of Parent/Guardian

Date