

PARENTS'/GUARDIANS'/ATHLETE'S Risk Acknowledgement

Athlete's Name: _____

My/Our child wishes to participate in the athletic program at The NCLA. I/We understand that the risks include a full range of injuries, from minor to severe. I/We recognize the possibility that my/our child might die, become paralyzed, or suffer brain damage or other serious, permanent injury as a result of participation in this sports program. I/We realize that neither the protective equipment and padding used in athletics programs, the safety rules and procedures of the various sports, the coaching instruction received, nor the medicine care provided to athletes will guarantee safety or prevent all injuries he/she might sustain. I/we agree to accept these risks as a condition of my/our child's participation in this program.

ADDITIONAL OR SPECIAL CONDITIONS Risk Acknowledgement

(NOTE: Fill this box out ONLY if your child has a pre-existing condition that may increase risk of injury and/or illness. If this section does not apply to you, then write "not applicable" in the first space.)

I also realize that my/our child's (name the condition) _____ creates additional risks and I/we discussed these risks with the athletic director and coach(es)

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Parent/Guardian: _____
last name first name middle name

Place of Work: _____

PHONES: Home - _____ Work - _____ Emergency - _____

Medical/Accident Insurance Carrier: _____

Policy Number: _____