



Name: _____
Last First

Grade: _____ Age: _____

Victory Christian Schools
3045 Garfield Avenue
Carmichael, CA 95608
Phone: (916) 488-5601
FAX: (916) 488-2589

JUNIOR & SENIOR HIGH SCHOOL INTERSCHOLASTIC ATHLETIC PHYSICAL PARTICIPATION CONSENT

PHYSICIAN'S CERTIFICATION: I hereby certify that _____ was examined by me on _____ and was found physically fit to engage in all sports except _____ for a period of one year from the date of my signature.

Comments: _____

Attachments: Yes _____ No _____

Physician's Signature Date Signed

PARENT CONSENT:

_____ has my consent to compete in all athletics at V.C.S. I also give permission for him/her to travel by bus or car to and from any V.C.S. athletic game or practice. I further understand it is my responsibility to make arrangements for getting my student home from the school campus. In the event of an emergency or accident, I hereby authorize a representative of the school to make such arrangements as he/she considers necessary for my child to receive medical or hospital care, including necessary transportation (i.e. ambulance). Under such circumstances, I authorize such care and treatment to be performed by any physician or surgeon.

Insurance Name and I. D. Number: _____

If unable to reach parent, please call:

1. _____ Home: _____ Work: _____

2. _____ Home: _____ Work: _____

Parent Signature Date

Home: _____ Work: _____

THIS FORM IS REQUIRED BEFORE PARTICIPATION IN ANY EXTRA-CURRICULAR SPORT!