



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 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!**