

**CHRISTIAN ACADEMY of WNY
SPORTS TEAM RELEASE FORM**

NAME: _____ DATE: _____

HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

DATE OF BIRTH : _____ PHONE: _____

FATHER'S NAME : _____ WORK PHONE: _____

MOTHER'S NAME: _____ WORK PHONE: _____

I am the above child's **PARENT, RELATIVE, LEGAL GUARDIAN OR FOSTER PARENT**(
Please circle one)

Foster Parent License # _____

IN CASE OF EMERGENCY CONTACT: _____

Address: _____

Phone : _____ Relationship: _____

Doctor's Name: _____ Phone: _____

Preferred Hospital: _____

Medical Insurance Plan & # _____

KNOWN ALLERGIES: _____

SUGGESTIONS OR RESTRICTIONS REGARDING ANY SPECIAL HEALTH CONDINTIONS:

LAST TETANUS: _____

LIST ANY MEDICATIONS: _____

I _____ parent or legal guardian of _____
hereby give consent for him/her to participate in _____ date _____ and
I waive any liabilities that CAWNY, its teachers and or administrators may have to me or my child as a
result of any injury to my child because of my child's participation in this sport.

Parent/Guardian Signature:
