



2011-2012

All Athletes (6th-12th grade) Must Complete This Form—

Medical Waiver & Insurance Information

Being fully aware of the hazards and possible consequences involved, and being legally competent to give consent, I hereby consent and further agree to not hold Oklahoma Christian Academy (OCA) liable for any injury sustained by the athlete mentioned below while participating in athletic events. In addition, I hereby authorize any agent of OCA to consent to medical treatment of the minor named below under general or special supervision. IN GIVING THIS CONSENT I RECOGNIZE AND UNDERSTAND that in situations where the said minor requires immediate medical or hospital care it may not be possible to contact the legal guardian. I authorize a medical professional to use his/her professional judgment, assess the risks, and choose the necessary treatment.

Please Type or Print Clearly

Legal Name of Participant: _____ Date of Birth _____

Home Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____ Parent's Work Phone: _____

Other person to contact if parents are not available: _____

Relationship: _____ Phone: _____ Cell: _____ Work: _____

INSURANCE INFORMATION

Insurance Carrier: _____ Policy Number: _____

Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Name of Parent/Guardian: _____

Signature of Parent/Guardian: _____

Date Signed: _____