

**STUDENT / ATHLETE**

**Parental Athletic Consent**

**Tabernacle Christian Athletics**

As legal guardian of \_\_\_\_\_, I give my consent for my child to participate in the following Tabernacle Christian School athletic events:

- |                      |                                 |                  |
|----------------------|---------------------------------|------------------|
| JH Volleyball        | JH Basketball (Boys/Girls)      | Varsity Football |
| Varsity Volleyball   | Varsity Basketball (Boys/Girls) | Baseball         |
| JH Cheerleading      | Track and Field                 | Softball         |
| Varsity Cheerleading |                                 | JH Football      |

I also give my permission for my child to travel on school transportation. I understand that Tabernacle Christian School will not be responsible for medical expenses incurred while playing or practicing sports.

It is my responsibility to provide adequate insurance to cover any medical expenses. I give consent, should my child be injured, to authorize the Tabernacle Staff to obtain necessary medical attention for my child. I understand insurance is required to participate in any sport at TCS.

\_\_\_\_\_  
Print Parent Name

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent Email

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Contact Number

\_\_\_\_\_  
Contact Number

**Insurance Information**

Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Effective Coverage Date: \_\_\_\_\_

Athlete is allergic to the following: \_\_\_\_\_

(Copy One Form Per Athlete)