

DC ATHLETICS

*This form MUST be completed in full for **each season** of participation before an athlete may play in a game/scrimmage.*

MS Sport you are trying out for: _____

STUDENT INFORMATION	
NAME: _____	
ADDRESS: _____ _____	
HOME EMAIL: _____	
BIRTH DATE: ____/____/____ (MO) (DAY) (YR)	AGE: _____
GRADE: _____	SEX (Circle one): M F



A student who participates on Delaware County Christian School's athletic teams agrees to:

- Conduct himself/herself in a way that honors and glorifies Christ.
- Support and respect coaches and administrators.
- Demonstrate a positive, Christ-like testimony towards opponents, officials, fans and teammates.
- Refrain from the use of alcohol, tobacco or any harmful drug.
- Abide by school codes and regulations.
- Maintain a proper scholastic academic performance at all times.
- Attend and be on time for all practices and games. Review the practice/game schedule and alert the coach of conflicts well in advance.
- Attend school by the beginning of 3rd period on the day of a game in which he/she intends to participate.
- Abide by the training regulations set up by the coach.
- Care for equipment and uniforms and return his/her uniform immediately upon conclusion of the season.

Signature of Parent _____

Signature of Athlete _____

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DCCS MEDICAL INFORMATION/RELEASE FORM

Name: _____

Grade: _____

Father: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

Mother: _____

Home Phone: _____

Business Phone: _____

Cell Phone: _____

If unable to reach parents, please call:

Name: _____

Phone: _____

Doctor: _____

Phone: _____

Hospital Preference: _____

Describe any physical limitations or problems that should be known by the Coach:

Insurance company: _____ Policy number: _____

The above named student has my permission to attend the activity as described above. In the event I cannot be reached in an emergency, I hereby give permission to the physician selected by the DCCS coach or the supervising nurse to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child as named above.

Parent Signature _____

Date _____

Delaware County Christian School has a student accident policy. This insurance is **secondary** to your primary insurance. Please contact the Business Office at (610) 353, 6522, ext. 2203 to receive a student accident claim form.