

NORTHWEST CHRISTIAN HIGH SCHOOL  
Interscholastic Participation  
**2015-16 School Year**

Your son/daughter \_\_\_\_\_ has expressed an interest in participating in sports at NCHS for the 2014-15 school year.

I, \_\_\_\_\_ (parent/guardian), give permission for my son/daughter to participate in sports at Northwest Christian High School. I understand that cross country, track, tennis, basketball, golf, baseball, fast pitch, power lifting, football practices and meets/matches are off site.

By signing this permission slip I realize that NCHS is not responsible for accident or injury during sports. I realize that our family insurance is liable and emergency information has been provided to NCHS.

I am not at this time under suspension, or in any other way ruled ineligible from participating in athletics from any school or school district. \_\_\_\_\_ (initial)

**Insurance Information:**

Company \_\_\_\_\_ Subscriber # \_\_\_\_\_

Family Physician \_\_\_\_\_  
Name Number

Existing Medical Problems  
\_\_\_\_\_  
\_\_\_\_\_

Allergies \_\_\_\_\_

**X** \_\_\_\_\_  
Signature Relationship Date

Emergency Phone Number \_\_\_\_\_