



57373 Joshua Lane, Yucca Valley, CA 92284, Phone: (760)-365-3599, Email: school@joshuasprings.org

Parental Consent and Waiver

To the Principal:

_____ has our permission to participate in the athletic events for the school year _____.

We agree to direct our child to cooperate and to conform with the directions of the school district personnel in charge of the athletic event/trip.

Should it be necessary for our child to have medical treatment while participating in this event/trip, we hereby give the school personnel permission to use their judgment in obtaining medical treatment deemed necessary and appropriate by the physician. We understand that the school has no insurance covering such medical or hospital costs incurred for our child and, therefore any cost incurred for such treatment shall be our sole responsibility.

We hereby waive all claims against Joshua Springs Christian School, its officers, volunteers and employees, from any injury, accident, illness, death or property loss occurring during or by reason of his/her participation in this athletic event/trip.

I give permission for my 14 year old to play varsity sports. Yes No N/A

I have read and understand the foregoing statements and agree to assume the responsibility stated and waive all claims indicated.

This athletic event/trip will be under supervision of the Joshua Springs Christian School coaching staff.
Transportation to and from will be in the school bus/van.

Interscholastic All Sports Waiver

We recommend that any member of an athletic team have at least \$1500 in medical insurance coverage before participating in interscholastic sports. If you do not carry insurance on your son/daughter we strongly recommend purchasing Interscholastic Sport Insurance.

I, the parent/legal guardian of _____ hereby certify that he/she is insured with _____ . Group# _____ Policy# _____

Your initial below indicates that you are self-insuring your child and will pay all expenses associated with your son/daughters participation in our school's sports program. Initial here _____.

I also hereby agree not to hold Joshua Springs Christian School responsible for any expense which may be incurred as a result of accidental death or bodily injury due to participation in travel, practice, fund raising, competition, or any other activities associated with Interscholastic Sports.

My Signature will acknowledge that we have read and understand the material explained above.

Signature of Parent/Guardian

Address