

**ROSEHILL CHRISTIAN SCHOOL
PARENT'S APPROVAL FOR PARTICIPATION IN ATHLETICS AND
RELEASE OF LIABILITY**

I hereby certify that _____ has my approval to attend the Rosehill Christian School athletic activities and participate in all games and/or activities which the coaches designate or consider to be a part of the Rosehill Christian School athletic program.

I distinctly understand that the school Board of Rosehill Christian School and the employees of Rosehill Christian School shall not be held responsible or liable for any accident or injury (including damages resulting therefrom), or for the treatment of same, whether or not occurring by reason of its negligence of doctors or physicians or other personnel treating said injury.

In emergency situation, while not assuming the obligation to do so, every effort will be made to care for such emergencies as may be deemed necessary in the discretion of the person or persons representing Rosehill Christian School.

In the event medical attention should become necessary, I, the undersigned parent or guardian hereby authorize the representatives of Rosehill Christian School to obtain first aid and medical attention as in their discretion may seem necessary.

In the event of injury, parents will assume responsibility for payment of all costs arising directly or indirectly from said injury including reimbursement of any amounts which may be paid by Rosehill Christian School or its representatives.

My insurance company is _____

Policy Number _____ Group Number _____

Date _____ Telephone _____

Signed _____
(Parent or Guardian)

Address _____