



PERMISSION TO PARTICIPATE FORM – ATHLETICS & EXTRA CURRICULAR

Your child has indicated a desire to participate in the Niagara Christian extra-curricular athletics program. Due to the physical nature of sports and the possible risks associated with participation, we require your permission to allow your son/daughter clearance to participate. Please complete and return this form to the Athletics Director.

NAME OF STUDENT (Please Print): _____ GRADE: _____
FIRST LAST

Medical Services Authorization (optional)

In a situation when emergency medical or hospital services are required by the above-listed student, and with the understanding that every reasonable effort was made by the school and/or hospital to make contact, I authorize emergency medical staff to administer medication and/or surgical services as needed. I understand that any emergency costs not covered by insurance will be my responsibility.

Signature of Parent/Guardian: _____ Date: _____

Athlete Accident Insurance Notice

In the case of an athletic injury, most basic **Medical Plans** do not provide extended coverage for items like private nurses, permanent teeth, or long-term disability. For treatment outside those covered in your policy, it is recommended that you investigate an Accident Policy Plan or contact the school for additional coverage information.

Elements of Risk Notice

The risk of injury exists in every activity. However, due to the very nature of competitive sports at the high school level, the risk of injuries can increase. Injuries can range from minor sprains to more serious injuries like broken bones and even the possibility of long-term disability or death. These injuries often result from the nature of the activity and occur without the fault of either the student, the school or its employees/agents. The safety and well-being of NCC students is the prime area of concern. Every attempt is made to manage, as effectively as possible, the foreseeable risks inherent in physical activity participation.

Parent/Guardian Signature

I/We have read and understand the notice of Athlete Accident Insurance. _____ (initials of parent/guardian)

I/We have read and understand the notice of Elements of Risk. _____ (initials of parent/guardian)

I/We hereby acknowledge and accept the risk inherent in extracurricular activities, and assume responsibility for my/our child/ward for personal health, medical, dental and accident insurance coverage not covered by our medical plans/insurance and give him/her permission to try-out and participate in all athletic programs at Niagara Christian Collegiate.

Parent/Guardian Name (Please Print): _____

Parent/Guardian Signature: _____ Date: _____

Please return via fax: (905) 871 9260 – Email: jkryger@niagaracc.com – Post Mail: 2619 Niagara Pkwy, Fort Erie, ON L2A 5M4