

Portersville Christian School

“Little Warriors” Registration Form

Student: _____ Grade: _____ Homeroom Teacher: _____

I. INSURANCE INFORMATION

Our present family insurance covers any accident or injury that our son/daughter may receive while participating in any school sponsored event and we absolve the school and the private transporter of any liability related to said event. Notice will be given to the head administrator if and when the insurance is canceled, or is allowed to lapse. This coverage is for the 2008- 2009 school year.

Insurance Name: _____ Policy # Group # _____

II. PARENT’S CONSENT TO PARTICIPATE

I hereby give my consent for (student’s name) _____ to participate in the Little Warriors Sports Program

Date: _____ Parent’s Signature: _____

III. EMERGENCY TREATMENT

To all parents: Since the malpractice question has come to the forefront, many hospitals and doctors will not treat a child without parent’s consent (unless a matter of life or death). It is requested that you complete the information below so that if your child requires a visit to the hospital while under the supervision of the school, this will allow the hospital to treat the injury.

EMERGENCY INFORMATION

Name: _____ Sex: M__ F__ Home Phone: (____) _____

Age: _____ Date of Birth (MM/DD/YY) ____ / ____ / ____ SS# _____

Street Address: _____

City: _____ ST _____ ZIP _____

Father’s Name: _____ SS# _____

Father’s Work Phone (____) _____ Father’s Cell Phone (____) _____

Mother’s Name: _____ SS# _____

Mother’s Work Phone (____) _____ Mother’s Cell Phone (____) _____

Alternate Contact: _____ Relationship _____

Alternate Contact’s Home Phone (____) _____

Consent Statement: Authorizing Treatment

Father’s Signature: _____ Mother’s Signature: _____

ALLERGIES: _____