



Athletic Department, 134 Christendom Dr., Front Royal, VA, 22630  
540-636-2900 ext 1270

**PARENT-GUARDIAN ADVISORY/CONSENT AND RELEASE FORM FOR  
CHILD PARTICIPATION IN CHRISTENDOM SPONSORED ATHLETICS**

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations and report all physical problems to the coach.

**---PARENTS PLEASE INITIAL NEXT TO EACH STATEMENT BELOW ---**

I consent to have my child participate in a Christendom College sponsored athletic program.

In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In an emergency, I grant permission for any immediate treatment deemed necessary by the attending physician/assistant and transfer of my child to a qualified medical facility. This authorization covers major surgery when decreed necessary prior to surgery by 2 license physicians or dentists.

I agree not to hold Christendom College or anyone acting on its behalf responsible for any injury, or its treatment, occurring to my child in the proper course of such athletic activities.

I acknowledge and accept that there are risks for physical injury involved in athletic participation, which may result in permanent paralysis, mental disability and death.

Parent name (printed): \_\_\_\_\_ Date: \_\_\_\_\_

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name(s) of child(ren) participating: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone #: \_\_\_\_\_