

**Portersville Christian School**  
"ICE" Form for participation in PCS athletics  
**2022-2023**

**Student Name:** \_\_\_\_\_ **Grade** \_\_\_\_\_ **Sport(s)** \_\_\_\_\_

**CONTACT INFORMATION**

Home Phone: (      ) \_\_\_\_\_ Parent Email: \_\_\_\_\_  
Mother's Phone: (      ) \_\_\_\_\_ Mother's Name: \_\_\_\_\_  
Father's Phone: (      ) \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Other's phone: (      ) \_\_\_\_\_ Name & Relationship: \_\_\_\_\_

**EMERGENCY INFORMATION**

Birth Date: \_\_\_\_\_ Doctor's Name: \_\_\_\_\_  
Allergies: \_\_\_\_\_ Doctor's Phone: (      ) \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
Chronic Illness: \_\_\_\_\_  
Regular Medications: \_\_\_\_\_

**INSURANCE INFORMATION & LIABILITY WAIVER**

*Our present family insurance covers any accident or injury that our son/daughter may receive while participating in any school sponsored event. Notice will be given to the head administrator if and when the insurance is canceled, or is allowed to lapse.*

*Playing, practicing, or participating in a sport can be a dangerous activity involving risk of injury or spread of illness. Some sport injuries/illnesses can result in serious permanent impairment or be life threatening. Unfortunately, injury/illness may occur simply due to the nature of the sport and normal team activities, without the occurrence of any unusual event and without fault. By signing the "Parental Authorization/Consent," I, intending to be legally bound, do hereby release, discharge, and waive Portersville Christian School (PCS) from any liability for any injury to my child, or illness affecting my child or family, resulting from any cause whatsoever in connection with my child participating in PCS athletic programs. I further agree to indemnify and hold harmless PCS from any expenses that I may incur in connection with the participation of my child in any PCS athletic programs.*

Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_

**PARENTAL AUTHORIZATION/CONSENT**

I, \_\_\_\_\_, hereby give my authorization/consent for \_\_\_\_\_

for all of the following: \_\_\_\_\_ [Student's Name]

**Participation**

To represent Portersville Christian School in the sport(s) of \_\_\_\_\_.

**Private Transportation**

To travel from and to Portersville Christian School via either school bus or private transportation.

**Emergency Treatment**

All medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by a treating physician if I cannot be reached in the case of an emergency.

**Liability Waiver** – as described in the previous section, "Insurance Information & Liability Waiver."

Date: \_\_\_\_\_ Parent/Guardian Signature: \_\_\_\_\_