

Columbia Christian Homeschool Co-op (CCHC)

PARTICIPATION RELEASE AND PERMISSION TO TREAT FORM

I hereby certify that the below named child(ren) are in normal health and capable of safely participating in CCHC activities. I assume all risks and hazards incidental to the conduct of the program. I hereby authorize CCHC to obtain medical treatment for the below named child(ren) in the event that parents and/or emergency contact cannot be reached. I hereby expressly agree that all exercising and team sports shall be undertaken by the student at his/her own risk. I agree that the CCHC organization shall not be liable for any loss, claims, demands, injuries, damages, etc. to my personal property. I will be responsible for any damages caused by my child or myself.

Signature: _____ **Date:** _____

Name of Child(ren)	Age	Birthdate	M/F	Allergies (medication on site?)

Additional Information: _____

Father's Name: _____ Phone: _____

Mother's Name: _____ Phone: _____

Emergency Contact: _____ Phone: _____

Physician's Name: _____ Phone: _____

Physician's Name: _____ Phone: _____