

**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:** \_\_\_\_\_

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

Additional Information: \_\_\_\_\_  
\_\_\_\_\_

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_