



CASCADE CHRISTIAN HIGH SCHOOL

A Ministry of First Baptist Church – Federal Tax Id 93-0817076

855 Chevy Way, Medford, OR 97504
541-772-0606 ~ Fax 541-608-1369
jhoffman@gracechristian.org

Athletic Insurance Waiver 2010-2011

My child, _____, has permission to participate in **athletics** at Cascade Christian High School for the 2009-2010 school year; this covers in-season sports (fall, winter, and spring) and not off-season or club teams. I understand that my child must meet eligibility requirements set forth by the Cascade Christian High School. Also my child will abide by school and team regulations set forth by school administrators and coaches.

Due to the inherent risk of any sport, insurance coverage for your child will be required before participation. If your child is not covered under a family policy, insurance may be purchased from an outside carrier. You may contact our insurance agent; Michael Beck Insurance @ 664-2261 if you don't have a carrier. Your child cannot participate in sports activity until they have coverage.

Please check the appropriate box:

My child is covered by family policy.

Insurance Company

Policy Number

My child is covered by an outside carrier.

Insurance Company

Policy Number

I, hereby, affirm that this information is correct and assume responsibility, financial or otherwise, for any injury, which my child may incur while participating in **athletics** at Cascade Christian High School.

Signature (parent or guardian)

Date