



TABERNACLE CHRISTIAN ATHLETICS

2649 Decatur Highway Gardendale AL 35071 205.631.9318

Parental Athletic Consent

As legal guardian of _____,
I give my consent for my child to participate in the following
Tabernacle Christian School athletic events:

- | | | |
|----------------------|--------------------|------------------|
| JV Volleyball | JV Basketball | JV Football |
| Varsity Volleyball | Girl's Basketball | Varsity Football |
| JV Cheerleading | Varsity Basketball | Boy's Baseball |
| Varsity Cheerleading | Track and Field | Girl's Softball |

I also give permission for my child to travel on school transportation. I understand that Tabernacle Christian School will not be responsible for medical expenses incurred while playing or practicing sports.

It is my responsibility to provide adequate insurance to cover any medical expenses. I give consent, should my child be injured, to authorize the Tabernacle Staff to obtain necessary medical attention for my child. I understand insurance is required to participate in any sport at TCS.

Print Parent Name

Parent Signature

Date

Parent e-mail

Parent cell phone

Parent cell phone

Parent cell phone

Insurance Information

Insurance Company: _____

Policy Number: _____

Effective Coverage Date: _____

Participant is allergic to the
following medication: _____

More info on other side



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Alabama
Christian
Education
Association

Medical Release Form

Federal guidelines under HIPAA now requires a signed release form to be on file before any medical or financial information can be given on the named patient:

_____	_____
TCS Student Athlete	Date

Choose between Option I and Option II below:

Tabernacle Christian School, Gardendale, AL

Option I

Permission to discuss the medical condition of above named patient with the following people is granted for all school related health problems: a) Athletic Director b) Coaches c) Trainers d) School Administration e) Insurance agent (Planned Benefits Services)

_____	_____
Signature	Relationship

_____	_____
Signature	Relationship

Option II

The medical condition of the above named patient is not to be discussed with any person other than the patient and parents/guardians.

_____	_____
Signature	Relationship

_____	_____
Signature	Relationship