

Santa Clarita Valley International
A charter school for international learning

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Castaic, CA 91384
661-705-4820
www.scvcharterschool.org



Participation Waiver and Medical Authorization SPORT: _____
Date: _____ Team/Contact person or Program: _____

The purpose of this form is to give permission for my son or daughter to participate in a youth sport or activity sponsored by or held at SCV Intl. Charter School or any other facilities used for practice or games. It is also the purpose of this form to enable parents or guardians to authorize the providing of emergency medical treatment for their child who is injured or becomes ill while participating in any activity, event, or practice in the event a parent or guardian cannot be reached.

This acknowledges that I/we, the undersigned, parent(s) or legal guardian(s) of _____ recognize the potentially hazardous nature of youth sports and that an injury might be sustained. In the event of such an injury to my child where we cannot be contacted, we give permission to a licensed physician to render such treatment as would be normal and agree to pay usual charges for such treatment. I/We release The SCVi Charter School, its employees, its agents, its volunteers, and any owned, loaned or leased facilities from any personal injuries or damages caused by or resulting from my child participating in this activity.

I/We understand that this release applies to any present or future injuries.
I/We further certify that to my knowledge there is no medical reason why my son or daughter cannot safely participate in said sports activities and that my child agrees to abide by all rules and regulations of the sport and the facility.

Parent/Guardian Name: _____ Date: _____
Parent/Guardian
Signature: _____
Home Address: _____
E-Mail: _____
Home Phone #: _____ Cell Phone #: _____
Family Physician: _____ Physician Contact Number: _____
Emergency Contact Number: _____
Insurance Company: _____ Name on Policy: _____
Policy Number: _____
Medical conditions (allergies, medications, chronic illness, or other health issues): _____