

# New Hope Christian School

5961 New Hope Rd.  
Grants Pass, OR 97527  
nhcs@newhopechristian.net  
*Equipping for a life that pleases Jesus  
through excellent Bible-based education.*



541-476-4588  
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[www.newhopechristian.net](http://www.newhopechristian.net)  
*"Thy Word is a Lamp unto my feet  
and a Light unto my path." Psalm 119:105*

## Athletic Participation Permission Form

Student Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Student's Cell Phone \_\_\_\_\_

Parent/Guardian Name(s) \_\_\_\_\_

Work/Cell Phone: Father \_\_\_\_\_ Mother \_\_\_\_\_

Emergency Contact Person \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Major Medical Conditions (i.e. epilepsy, asthma, diabetes, etc.) \_\_\_\_\_

Physical Restrictions/Activities to be Avoided \_\_\_\_\_

Medications Taken Regularly \_\_\_\_\_

Date of Last Tetanus \_\_\_\_\_

Allergies (please state – especially medications) \_\_\_\_\_

The above named student has my permission to participate in athletic programs provided by New Hope Christian School for the 2016-2017 school year.

In case of a medical emergency, and I cannot be reached, I give my permission to the school/coaching personnel to seek necessary medical assistance from our family physician or appropriate medical facilities.

\_\_\_\_ Yes \_\_\_\_ No -- Topical medicine (Neosporin, Bactine, etc.) may be applied to an injury to my child.

\_\_\_\_ Yes \_\_\_\_ No -- Oral medication (Ibuprofen, Tylenol) may be dispensed to my child according to package directions for injuries or headaches.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

### **THE CONCUSSION CONSENT FORM MUST BE SIGNED BY BOTH STUDENT AND PARENT AND RETURNED WITH THIS PERMISSION FORM**

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#### **FOR OFFICE USE ONLY**

\_\_\_\_ Physical on file (expires \_\_\_\_\_) \_\_\_\_\_ Grades check – NHCS standards

\_\_\_\_ OSAA Academic Standards \_\_\_\_\_ If transfer or international student, cleared/  
filed w/OSAA

Sport: \_\_\_\_ Cross Country \_\_\_\_ Volleyball  
\_\_\_\_ Basketball \_\_\_\_ Track/Field  
Cleared by \_\_\_\_\_

*Accredited with Northwest Accreditation Commission, an accreditation division of AdvancED  
Member of Association of Christian Schools, Int'l and Oregon Federation of Independent Schools*