

HARLAN CHRISTIAN SCHOOL
17108 State Road 37
Harlan, IN 46743
260-657-5147
www.harlanchristian.org

SPORTS
Year 2026-2027

NAME _____ GRADE _____

ADDRESS _____ CITY _____ STATE _____

PARENT OR GUARDIAN _____ PHONE _____

DATE OF BIRTH _____ AGE _____ MALE ____ FEMALE ____

PART 1: STUDENT CONSENT

I understand the eligibility rules and regulations of the Harlan Christian School and I do not know of any reason that I could not be eligible to represent my school in athletics. I agree to follow the rules and regulations of my school and to abide by their respective decisions concerning said rules and regulations. I know and appreciate the risks and dangers involved not only in athletics generally, but in the particular sports in which I wish to participate, and that unanticipated and unexpected dangers may arise during my participation in high school athletics, and I assume all risks of injury to my person and property that may be sustained by me or by my parents with or in any way related to my participation in athletics.

Date _____ Student's Signature _____

PART 2: PARENT CONSENT AND RELEASE FORM

A. I/We understand that participation may necessitate travel and early dismissal from classes.

B. I/We acknowledge that the participant knows and appreciates the risks and dangers involved in basketball and is assuming all risks of injury and damage in incident to his/her participation in basketball. Further, in consideration of the permission granted to the participant to participate in basketball, I/we do hereby release, discharge and relinquish the school and their representatives, employees and officials of and from all claims, demands, actions and causes of actions of any sort for any injuries sustained by the participant for me/us, and from any damages to the participant's or my/our property.

C. Insurance information--the insurance we have will only pay the difference over and above what your present medical insurance will cover. ***We need your insurance company name, your insurance ID number and a copy of your insurance card.***

D. _____ We waive the physical and insurance. Please let our child play sports without them. We accept all responsibilities.

Company _____

Policy Number _____

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

(Both signatures are required.)

PART 3: STUDENT MEDICAL HISTORY (To be completed by parent or family physician.)

Within the last year: (please circle)

- Yes No 1. Has had injuries requiring medical attention.
- Yes No 2. Has had illness lasting more than a week.
- Yes No 3. Is currently under physician's care.
- Yes No 4. Currently taking medication. _____
- Yes No 5. Wears glasses or contact lenses. (If yes, please circle glasses or contacts.)
- Yes No 6. Has had a surgical operation.
- Yes No 7. Has been in the hospital (except for tonsillectomy).
- Yes No 8. Do you know of any reason why the individual should not participate in basketball? If yes, please explain: _____
- Yes No 9. Has had complete poliomyelitis immunization.
- Yes No 10. Has had a dental check-up within the past six (6) months.
- Yes No 11. Most recent tetanus immunization date. _____
- Yes No 12. List known allergies _____

Family Doctor's Name and Phone Number _____

Date _____ Parent/Guardian Signature _____

PART 4: PHYSICAL (To be completed annually by physician holding license to practice medicine.)

Significant past illness or injury _____

Grade _____ Age _____ Height _____ Weight _____ Blood Pressure _____

EXAMINATION	SATISFACTORY	UNSATISFACTORY	NOT EXAMINED
VISION			
HEARING			
RESPIRATORY			
CARDIOVASCULAR			
LIVER, SPLEEN, KIDNEY			
HERNIA, GENITALIA			
MUSCULOSKELETAL			
SKIN			
NEUROLOGICAL			
ALLERGIES, HANDICAPS OR RESTRICTIONS:			
OTHER:			

I certify that I have examined this student as indicated and find him/her physically able to compete in sports.

Physician's Address _____

Phone _____ Date of Examination _____

Physician's Signature _____