



Office Use Only	
Check #	_____
Date	_____
Initials	_____
Phys Exp.	_____

CHRISTIAN FAITH SCHOOL ATHLETICS
33645 20th Ave. S
Federal Way, WA 98023
School - (253) 943-2500

Student's First/Last Name _____ Grade _____ Birth Date _____

Address _____ City _____ Zip Code _____

Parent/ Guardian Name _____ Home Phone _____ Work or Cell Phone _____

Emergency Contact (other than person above) _____ Home Phone _____ Work or Cell Phone _____

E-Mail Address for Schedule/Team updates *please only indicate an address that will get checked daily throughout the season _____

MIDDLE / HIGH SCHOOL SPORTS OFFERINGS

Please list all sports in which you will be participating.

A participation fee may be required for each secondary sports season and must be paid prior to uniform issue and/or performance/competition.

PARENTAL APPROVAL

1. I hereby give consent for the above student to participate in the athletic program as a representative of Christian Faith School.
2. Middle School and high school students will accompany the team and be transported to/from practices and games by coaches, teachers, administrative staff, volunteers or certified bus drivers, unless a written request is submitted and signed by a parent or guardian, and agreed upon by the coach and athletic administration.
3. I understand that my child may not participate in the Christian Faith School athletic program unless he/ she is covered by an accident coverage plan provided by our family. The name of my insurance carrier for my child is _____ and the group number is _____.
4. In case of an accident or injury, I give permission for emergency treatment by a doctor, at the discretion of a Christian Faith School official, if they are unable to contact a parent or guardian.
5. A completed physical examination by a qualified professional is required for any secondary sports participation and must be given before any physical practice or participation can occur. Physical exams are good for two years from date of doctor's signature.

Signature of Parent/ Guardian _____ Date _____

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Physical Expiration Date: _____

Special Conditions or Instructions Noted on Physical: _____
