

NOAH Athlete Information, Release and Medical Authorization

School Year: _____ New Returning Date of last athletic physical exam : _____

Athlete's Name: _____

Date of Birth: _____ Athletic Grade: _____ Home School Tutorial , Name _____

Parent's Names: _____

Address: _____

City: _____ State: _____ Zip: _____

Athlete's Home (____) _____ Work (____) _____ Cell (____) _____

Parents' Home (____) _____ Work(____) _____ Cell (____) _____

Athlete's Primary e-mail: _____

Parent's e-mail: _____

Questions of Good Standing:

Has your son/daughter been expelled or dismissed from a private, public or homeschool program in the past 12 months? No Yes If yes, please attach a letter of explanation.

Are you current on all NOAH athletic fees? Yes No If no, please attach a letter of explanation.

EMERGENCY MEDICAL AUTHORIZATION AND AGREEMENT TO CHRISTIAN DISPUTE RESOLUTION

Emergency contacts other than parent or guardian:

1. Name _____ Hm phone _____ Other phone _____

2. Name _____ Hm phone _____ Other phone _____

Permission : I give permission for my child to participate in this activity. I understand that there are risks associated with competitive sports. In the event he/she is injured, I waive and release all rights to any claim for damages against NOAH and its representatives. I further agree that any claim or dispute arising from or related to this agreement shall be settled by mediation and, if necessary, legally binding arbitration in accordance with the *Rules of Procedure for Christian Conciliation* of the Institute for Christian Conciliation, a division of Peacemaker® Ministries (complete text of the Rules is available at www.Peacemaker.net). Judgment upon an arbitration decision may be entered in any court otherwise having jurisdiction. The parties understand that these methods shall be the sole remedy for any controversy or claim arising out of this agreement and expressly waive their right to file a lawsuit in any civil court against one another for such disputes, except to enforce an arbitration decision.

Medical Release: In the event my child suffers sudden illness, accident, or injury and neither parents nor guardians can be contacted, I give permission for any emergency treatment that is deemed necessary by a licensed physician.

Family physician _____ Phone _____

Pertinent medical information (diabetes, allergies, medications, etc.):

Parent(s) Signature _____ Date _____