



CALVARY CHRISTIAN ACADEMY
 2401 West Cypress Creek Road
 Ft. Lauderdale, FL 33308
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AFTER SCHOOL PROGRAM REGISTRATION
 Sports, Clubs, Performing Arts & A.C.E

RELEASE OF LIABILITY FORM

Name of Student: _____

Social Security # of Student: _____-_____-_____

Date of Birth: ____/____/____

Age: _____ Grade: _____ Homeroom Teacher: _____

Parent Email Address: _____

I am a homeschool student. Yes ___ No ___

If yes, I have interviewed with the CCA Homeschool Administrator: Yes ___ No ___

Permission and Release: The undersigned hereby releases and holds harmless Calvary Christian Academy (CCA), Calvary Chapel Church, Inc., their agents including coaches, teachers, administrators, volunteers, and parents participating in any school sponsored activity, including but not limited to after school activities, events and field trips:

1. From any and all liability for any mishap or injury to the student named herein from the time of departure to the time of return.
2. From any injury or damage resulting from the activity, mode of transportation, or the provider of any such transportation whether resulting from an accident or otherwise.
3. From any loss, destruction, or damage to any personal property.

I further agree that any claim or dispute arising from or related to this agreement shall be settled by Christian mediation and, if necessary, legally binding Christian arbitration in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation. Judgment upon an arbitration award 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 a 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.

Father's Name _____ Mother's Name _____

Father's Phone Number _____ Mother's Phone Number _____

Two emergency contact names and numbers:

First contact: _____ Phone Number: _____

Second contact: _____ Phone Number: _____

Family Physician: _____ Doctor's Phone Number: _____

Medical Insurance Company _____ Policy #: _____ Group #: _____

Calvary Christian Academy may release my child to those people listed below:

 Date

 Parent/Guardian Signature