



INJURY RELEASE/EMERGENCY CONTACT FORM

Student name: _____

Grade: _____

I agree not to hold International Christian School Uijeongbu responsible for any injury that may occur while participating in athletic events. I release the school from any liability. I understand that if any accident occurs, and the teacher, coach or administrator feels that it is an emergency or needs immediate attention, they will take the student to the closest doctor or hospital. Every effort will be made to contact the parent during an emergency.

I agree to the above statement.

Date _____

Parent Signature _____

****Please be sure passport information is current in the office.**

Emergency Contact Numbers

Please complete all blanks.

Parents or Guardians

Cell #: _____

Home #: _____

Work #: _____

Friend or Relative in Case Parent/Guardian is Unreachable

Cell #: _____

Home #: _____

Work #: _____

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### Traveling Home from Away Games

For "away games," it may be quicker for your child to take the subway or public bus to go home, depending on game locations. If you would like to give your child permission to travel home by themselves, on these occasions, then please check the appropriate box below. Please check only ONE box.

My child has permission to return home from a game on their own.

My child must return with the team to Uijeongbu.