

## Medical Responsibility Form

I, \_\_\_\_\_ hereby proclaim that my child, \_\_\_\_\_ is physically able to participate in MCS Soccer (Co-Ed), Basketball(Boys), Cheer(Girls), or Track and Field (Co-Ed) for the \_\_\_\_\_ season.

I, \_\_\_\_\_ will not hold Monroe Christian School and/or its coaches/Athletic Director/Administrators liable or responsible for any injury that may occur while my child \_\_\_\_\_ is participating in the school's sports program or on the sports teams.

I will have the Medical Release Form signed in the school's office by \_\_\_\_\_.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date