



ATHLETIC DEPARTMENT

Parental Permission/Waiver/Medical Authorization Form

Permission is hereby given for (student) _____
to participate in any school sponsored sports at GCA for the _____ school year.

I certify that this student is in good health and know of no physical conditions, which by participation, would endanger the student's health. Consent is given, in the event of illness or injury, for administration of reasonable and prudent first-aid, emergency or professional medical care.

Parents also understand that their student frequently attends practices at off-site facilities and are responsible for their own transportation to and from these places.

I hereby release, discharge and waive all claims and causes of action against all coaches, teachers, athletic director and staff members of Grace Classical Academy, as well as the school itself from any damages or injuries that might be incurred during any team practice, game, meeting, or during transportation to and from team activities.

Lastly, I support the school's administration of team functions including: discipline, scheduling, playing time in games, and eligibility. I also pledge to observe all of the guidelines of Christian sportsmanship including: respect and courtesy for players, coaches, referees, and other fans.

Parent Signature _____ Date _____
_____ Date _____

Student Name _____ Grade _____

Address _____ Phone _____

Birth Date _____ Last Tetanus _____

Emergency Phones: Name _____ Phone _____
Name _____ Phone _____

Medical Insurance Company & Address _____

Policy # _____ Insured _____

