VALLEY CHRISTIAN
ACADEMY

_____________ SCHOOL YEAR

ATHLETIC PERMISSION FORM

STUDENT NAME: ____________________________________ GRADE: ________

STUDENT NAME: ____________________________________ GRADE: ________

Valley Christian Academy does not discriminate on the basis of race, color, gender, or national origin in the administration of its admissions policy, educational or other school-sponsored programs or financial obligations or aid.

- ✓ I give permission for the above students to participate in the activities at Valley Christian Academy (VCA).
- ✓ I acknowledge I am responsible for the information located on the Middle School Athletics webpage and will turn in the needed forms as well as follow any additional terms established by VCA.
- ✓ I agree to pay the amount designated on the website for each sport.
- ✓ I understand sports are competitive and injuries may occur.
- ✓ I agree and am willing to support the athletic program and understand the need for volunteering my time.
- ✓ I am aware that my son/daughter may be photographed and/or name published in the media. (Media includes newspaper, newsletters, programs, brochures, VCA's website or any other type of format by any organization.)
- ✓ I understand my son/daughter may ride in an insured volunteer's vehicle. Unless arrangements are made, I am responsible to provide transportation to and from the sporting event.
- ✓ I agree not to pursue legal action against VCA, or any of the coaches should my son/daughter become injured as a result of participation.

(If my student participates in intramurals, this form will act as the emergency medical and permission form.)

PARENT OR GUARDIAN NAME: **PHONE NUMBER:**

_______________________________________ (________)__________ - ________________

_______________________________________ (________)__________ - ________________

ADDRESS: ____

I hereby **give consent** for the following medical care providers to be called if parents cannot be reached:

DOCTOR:	**PHONE:**
DENTIST:	**PHONE:**

In the event that reasonable attempts to reach the Emergency Contacts listed above have been unsuccessful, I hereby give my consent for (1) the administration of any treatment deemed necessary by the above named doctor or dentist, or, in the event the designated preferred practitioner is not available, by another licensed physician or dentist and (2) the transfer of the student to the above named hospital or any hospital reasonably accessible.

This authorization does not cover major surgery unless the medical opinions of two other licensed physicians or dentists, concurring in the necessity for such surgery, are obtained before the surgery is performed.

Facts concerning the student's medical history: including allergies, medications being taken, and any physical impairment to which a physician should be alerted:

____

STUDENT NAME: ______________________________ LAST TETANUS SHOT: _____/_____/______

STUDENT NAME: ______________________________ LAST TETANUS SHOT: _____/_____/______

PARENT OR GUARDIAN SIGNATURE:

____ DATE: _____/______/_________

4.5.18