PROVIDENCE ATHLETIC PERMISSION FORM: 2013-2014 SCHOOL YEAR

PART I - Parent Permission (To be completed by a parent of all perspective athletes)

Student's Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1) I hereby give consent for the above-named student to participate in interscholastic athletics at Providence Christian Academy for the school year listed in the heading.

2) I understand and agree to release and hold harmless Providence Christian Academy and any affiliated coaches, drivers, and faculty for any injuries my child may sustain traveling to, from, or participating in scheduled games and practices. I am aware that the sports my child participates in may well involve physical contact and/or collisions of a violent nature, either purposely or accidentally, that all sports are considered inherently dangerous, and that the potential for serious injury may be substantial.

3) I have obtained insurance coverage for my child. Payment of medical bills will be my responsibility should an injury occur.

4) I am also aware that physical examinations are the parents' responsibility to schedule in order to clear the student for athletic participation. Evidence of the physical examination, **dated no earlier than May 1st, 2012**, and as recorded on the Medical Form by a physician, must be given to the athletic department of PCA before a student participates in tryouts, practice, or athletic events.

My signature below indicates that I have read this form and agree to its contents.

Parent or Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian Name Printed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_