



VALLEY CHRISTIAN ACADEMY

SPORTS PERMISSION FORM

_____ SCHOOL YEAR

_____ has my permission to participate in the extracurricular activities at Valley Christian Academy (VCA).

- I agree to the following terms and any additional terms established by VCA.
- I understand that athletics are competitive and injuries can occur. 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 son/daughter participates in intramurals, this form will act as the emergency medical and permission form. Intramural information, cost and activities can be found under the Student Life tab on the website.)
- 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 agree to pay the amount designated on the website for each sport. I further understand the uniform remains the property of VCA. I agree to purchase the uniform when it becomes lost or damaged.
- 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.

Parent(s) or Guardian(s) Name: _____

Address: _____

Emergency Phone Numbers:

(_____) _____ (_____) _____

(_____) _____ (_____) _____

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

Doctor:	Phone:
Dentist:	Phone:
Medical Specialist:	Phone:
Local Hospital:	Emergency Room 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:

Date of last Tetanus shot: ____/____/____

Parent (Guardian) Signature _____

Date ____/____/____