

**Grace Fellowship Academy**  
**Extra Curricular Activities Waiver of Liability**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_

Sport/Activity:  Volleyball    Basketball    Football    Baseball    Soccer    Softball  
 Cheerleading

**This form must be completed by the parent(s)/guardian(s) before a student is allowed to participate or tryout for an extra-curricular activity sponsored by Grace Fellowship Academy.**

I hereby give my consent for the above named student to participate in the athletic program or extra-curricular activities for the school year. I acknowledge the fact that he or she is physically able to participate. I also agree to reimburse GFA for equipment or uniforms issued to my student should they become lost, stolen or ruined. Initial \_\_\_\_\_

I understand that transportation to and from games/activities is my responsibility. I authorize and will arrange transportation with another parent if I am unable to drive my student. Initial \_\_\_\_\_

I understand that my student's participation in the athletic program or extra-curricular activities is conditional on maintaining proper and respectful behavior towards the staff of GFA and other students. The same code of conduct required in school for students and parents applies in all after school activities. If my student or I do not follow the code of conduct, he or she may lose the privilege to participate in activities. Initial \_\_\_\_\_

I understand all attempts will be made to select medical attention from the doctor and/or hospital I have listed, but as it will be an emergency situation I authorize the Athletic Director, Coach, School Principal or Sponsor in attendance at any GFA activity to select and secure medical attention as may be necessary for my student as a result of an injury or other events requiring emergency medical care while I am not in attendance at such event. I will be responsible for all medical bills incurred as a result of illness or accidents for which medical treatment is necessary while the above named minor is participating in sports activities, except those bills covered by insurance. I hereby release said school official(s) from any and all liability on account of such selection or authorization for any and all damages which occur on account thereof. Initial \_\_\_\_\_

Father/Guardian Printed Name: \_\_\_\_\_

Father/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Home Phone (\_\_\_\_\_) \_\_\_\_\_

Mother/Guardian Printed Name: \_\_\_\_\_

Mother/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_ Work/Home Phone (\_\_\_\_\_) \_\_\_\_\_

Emergency Contact (other than a parent):

Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Allergies or other medical concerns to be aware of: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Allergic reaction to any drug or medication? Y / N If yes, what is involved? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Insurance Information**

Insurance Company: \_\_\_\_\_

Phone (\_\_\_\_) \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Subscriber Name: \_\_\_\_\_