

Grace Fellowship Academy
Extra Curricular Activities Waiver of Liability

Student: _____ Grade: _____

Sport/Activity: Volleyball Basketball Football Run Club

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: _____