



parental consent form (All students)

By signing below, we give permission for our child to take part in all school activities, including sporting events, practice, and school-sponsored trips away from the school premises (**EXCEPT** as specifically indicated below). I/We give our permission for _____ to participate in organized interscholastic activities for the _____ school year. I/We realize that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We acknowledge that I/we have read and understand this warning.

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent/guardian of the student named, do hereby give and grant unto any paramedic, medical doctor, or hospital, my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school.

IT IS HEREBY understood that the consent and the authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student will pay for any expenses incurred. Payment of the expense is not a school responsibility.

IT IS FURTHER understood that we release Victory Christian Academy, its School Board, employees, agents, and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Victory Christian Academy, it's School Board, employees, agents, and representatives from any injury or damage, which may be caused by our child(ren).

Student's Name _____ Date of Birth _____

Home Address _____ Home Phone _____

Father's Name _____ Work Phone _____ Cell Phone _____

Mother's Name _____ Work Phone _____ Cell Phone _____

Nearest Friend/Relative _____ Phone _____

Family Doctor Name _____ Phone _____

Date of Last Tetanus Shot _____ Allergies _____

Hospital Preference _____ Phone _____

Insurance Company _____ Phone _____ Policy Number _____

Parent/Guardian Signature _____ Date _____

Student Signature (*only if 18 years of age or older*) _____ Date _____

Notary Public Signature (*we MUST have a notarized original of this form*) _____ Date _____

I DO NOT give consent for our child to compete/participate in the following VCA approved activity (check all that are applicable):

- Volleyball
- Basketball
- Cheerleading
- Soccer
- Softball
- Track
- Class Trips