



CALVARY CHRISTIAN ACADEMY

### Athletic Parental Consent Form

Please print clearly

Name of Student \_\_\_\_\_  
Last Name First Name Middle Initial

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ Homeschool \_\_\_yes \_\_\_no

Home Phone # \_\_\_\_\_ Parent's Cell Phone # \_\_\_\_\_

Parent's Email \_\_\_\_\_

I give my consent for the above-names student to participate in athletic activities of Calvary Christian Academy and to accompany his/her team or athletic club on any of the school-sponsored local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become necessary for my child in the course of such athletic activities or travel. I understand that such activities involved the potential for catastrophic injuries, or even death, which is inherent in all sports. I indemnify and save Calvary Christian Academy and Calvary Baptist Church, it's' employees, and agents harmless from any liability or medical payments resulting from my child participating in athletic activities or travel.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Sole Guardian

\_\_\_\_\_  
Date