



Packinghouse Christian Academy
Consent to Participate in Athletic / Sports Activities
(Participation is Voluntary)

Name of Student _____ Date _____

Please check the sports you are interested in playing. This is not a commitment.

- | | |
|--|--|
| <input type="checkbox"/> MS/Varsity Girls Volleyball | <input type="checkbox"/> MS/Varsity Boys Cross Country |
| <input type="checkbox"/> MS/Varsity Girls Basketball | <input type="checkbox"/> MS/Varsity Boys Basketball |
| <input type="checkbox"/> MS/Varsity Girls Softball | <input type="checkbox"/> MS/Varsity Baseball |
| <input type="checkbox"/> Co-ed Golf | |

Participating in the above athletic/sport is voluntary and is not required as a part of the regular school program.

We hereby give our permission for our student, _____
to participate in the above-described athletic/sport. We realize there is a possibility that a student may suffer severe injury, including permanent paralysis or death as a result of participating in athletic or sports activities. In consideration of the permission granted, we, the undersigned, hereby release and discharge Packinghouse Christian Academy from all liability arising out of or in connection with the above described athletic/sport activity. _____
(initial)

We understand that practices and games will be either on campus or off campus and give permission for our student to travel.

In the event of an accident (or sudden illness), the school has our permission to render whatever emergency medical treatment may be deemed necessary for the above named student.

SIGNATURE OF BOTH PARENTS / GUARDIAN REQUIRED.

Parent/Guardian Signature Date Parent/Guardian Signature Date

