



Grace Christian School

Athletic Participation Release Form

We, the parents of _____
grant permission for our son/daughter to participate in team sports at Grace Christian School. We further release the chaperones, faculty and drivers of any and all liability incurred from accidents or injuries resulting from such participation. We understand that team sports are a voluntary extracurricular activity outside the bound of expected school experiences. We grant permission to qualified medical practitioners bearing Ohio license to treat our child in case of injury.

Parent Signature _____ Date _____

Emergency Contact Information

Name: _____

Home: _____ Cell: _____

Medical Conditions to be aware of: _____

Allergies (Please list all): _____

Medications taken: _____
