



GVCA ATHLETIC/ACTIVITY EMERGENCY INFORMATION

Students Name: _____ Birth Date: _____ Grade: _____
LAST FIRST MI

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Address: _____ Phone: _____

E-Mail Address: _____
Parent/Guardian Email Athlete's Email

In case of illness, accident, or emergency to the student named above, the school is authorized to proceed as indicated below. NUMBER each item 1, 2, 3, etc. in order of desired action.

() Father: A.M. Phone Number _____ P.M. Phone Number _____

() Mother: A.M. Phone Number _____ P.M. Phone Number _____

() If parents cannot be contacted _____
Name Relationship Phone

() Family Physician (if possible) _____
Name Phone

() Take student to nearest emergency hospital.*

() Other _____

Allergy Information: (Food, Drugs, Insects) _____

Special Health Problems: _____

Medical Insurance: _____ Group or I.D.# _____

**In case of emergency which needs immediate attention and neither parent can be reached, permission is granted for the school to secure proper medical attention. I will accept full responsibility. WARNING: There is possibility of serious bodily injury occurring when participation in athletic activities.*

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____



GVCA PARENT-STUDENT ACTIVITY PARTICIPATION STATEMENT

NOTIFICATION OF POTENTIAL FOR INJURY:

I, _____ (student name) realize athletic participation can cause serious injury and in rare cases even death. I also recognize the importance of following the coach's instructions regarding playing techniques, training and other team rules, etc., and agree to obey such instructions.

I/We, _____ (parent/guardian name) realize athletic participation can involve many risks of injury and in rare cases even death.

I hereby grant permission for my child to participate in athletics. I agree Grand View Christian Academy (GVCA) and/or authorized employees of said school shall not be held liable for accidents or injuries received by my son/daughter while engaged in GVCA sponsored athletics. I further agree that GVCA, authorized employees or student organizations will not be responsible for payment of medical services resulting from such accidents or injuries.

ATHLETIC/ACTIVITY TRAVEL RELEASE INFORMATION

This is to certify the above named student has my permission to use the following transportation for the school year.

✓ Check all that apply:

- 1. I will personally transport the above named student.
- 2. I give my permission for the above named student to ride with a GVCA approved driver.

I understand GVCA Insurance will not provide coverage for the above transportation modes and vehicles. I agree to release GVCA and its employees from all liability with reference to the above stated transportation. This form must be on file in the Athletic office and with the coach.

NOTIFICATION FOR NEED OF ATHLETIC INSURANCE COVERAGE:

I, the undersigned, understand my student/s should not participate in interscholastic athletics unless he/she is covered by accident insurance. I have accident insurance that will cover interscholastic athletics. I accept full responsibility for the cost of treatment for any injury my child may suffer while participating in an interscholastic athletic program. (SPECIAL NOTE: Many insurance plans do not cover interscholastic athletics).

THE ACTIVITY CODE OF CONDUCT & HANDBOOK:

By my signature I am indicating I and my student/s will comply with the athletic handbook and agree to abide by the schools code of conduct and extracurricular guidelines as outlined in the GVCA student/ athletic handbook.

STUDENT SIGNATURE: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

SCHOOL YEAR: _____