

GRACE CHRISTIAN ACADEMY

Sports Registration and Medical Release Form

Player's name (last, first) _____ Birth Date ____/____/____

Sport (s) _____ Gender: Male Female

Address _____ City _____ Zip _____

Player Email address _____

Player's Cell Phone _____

Do you have your parent's permission to receive texts and or emails that pertain to GCA Athletics? Y N

Consent to Play: I/we the parents of the above named student for a position on Grace Christian Academy (GCA) sports team, hereby give my/our approval to participate in any and all GCA activities including transportation to and from activities. I/we know that participation in GCA athletics may result in serious injuries and protective equipment does not prevent all injuries to players, and do hereby waive, release, absolve, indemnify and agree to hold harmless the organizers, sponsors, supervisors, participants, board members, coaches, and persons transporting my/our child to and from activities for any claim arising out of injury to my/our child whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance.

Consent for Medical Treatment: In case of emergency, if the family physician cannot be reached I hereby authorize

_____ (player) _____ (date of birth) to be treated by another qualified, licensed physician

who is available.

Doctor's name _____

Hospital preference _____

Policy number _____

Doctor's phone _____

Medical Insurance Plan _____

Identification number _____

Emergency information:

Father's name _____

Father's Work phone _____

Father's cell phone _____

Father's Email _____

Home phone _____

Mother's name _____

Mother's Work phone _____

Mother's Cell phone _____

Mother's Email _____

Father's signature _____

Date signed ____/____/____

Mother's Signature _____

Date signed ____/____/____

THIS IS A LEGAL DOCUMENT
Grace Christian Academy, 3200 Firewheel Dr., Flower Mound, Texas