

**GRACE CHRISTIAN ACADEMY  
PHYSICAL EDUCATION PERMISSION  
AND WAIVER FORM**

I would like to give my child \_\_\_\_\_ permission to  
(student name)  
participate in the Physical Education classes of Grace Christian Academy. I  
understand that my child will be expected to perform exercises and activities  
conducive to gaining and maintaining good physical health. I will not hold  
Grace Christian Academy (its faculty and staff) responsible for any injury  
incurred during the class.

Parent Name (Please Print and Sign) \_\_\_\_\_

**THIS IS A LEGAL DOCUMENT**