



parental consent form (All students)

By signing below, we give permission for our child to take part in all school activities, including sporting events, practice, and school-sponsored trips away from the school premises (EXCEPT as specifically indicated below). I/We give our permission for _____ to participate in organized interscholastic activities for the _____ school year. I/We realize that such activity involves the potential for injury, which is inherent in all sports. I/We acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia, or even death. I/We acknowledge that I/we have read and understand this warning.

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent/guardian of the student named, do hereby give and grant unto any paramedic, medical doctor, or hospital, my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school.

IT IS HEREBY understood that the consent and the authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student will pay for any expenses incurred. Payment of the expense is not a school responsibility.

IT IS FURTHER understood that we release Victory Christian Academy, its School Board, employees, agents, and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Victory Christian Academy, it's School Board, employees, agents, and representatives from any injury or damage, which may be caused by our child(ren).

Student's Name		Date of Birth
Home Address		Home Phone
Father's Name	Work Phone	Cell Phone
Mother's Name	Work Phone	Cell Phone
Nearest Friend/Relative		Phone
Family Doctor Name		Phone
Date of Last Tetanus Shot	Allergies	
Hospital Preference		Phone
Insurance Company	Phone	Policy Number
Parent/Guardian Signature		Date
Student Signature <i>(only if 18 years of age or older)</i>		Date
Notary Public Signature <i>(we MUST have a notarized original of this form)</i>		Date

I DO NOT give consent for our child to compete/participate in the following VCA approved activity (check all that are applicable):

- Volleyball
- Basketball
- Football
- Cheerleading
- Soccer
- Softball
- Track
- Class Trips