

# GREENVILLE CHRISTIAN ACADEMY

## RESPONSIBILITY RELEASE

(Athletic Participation)

I hereby grant permission for my daughter/son \_\_\_\_\_ to participate in all the activities as a Greenville Christian Academy athlete, including Baseball, Basketball, Cheering, Golf, Soccer, Volleyball, and other related activities. I hereby waive and absolve Greenville Christian Academy, its staff and administration of any and all liability and responsibility for injuries, sickness, and/or travel to and from the above mentioned games or practices. I understand that prudent safety precautions will be taken and that all athletes will be under the supervision of an adult while participating in any athletic event, and will be responsible to adhere to that guideline. A list of the guidelines will be given to each athlete when they are selected as a team member.

I also give my permission for authorities of Greenville Christian Academy to secure medical treatment as needed in case of an emergency for my child, \_\_\_\_\_  
Permission for the medical authorities to treat is hereby granted.

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Parental Signature (both required)

Date

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Parental Signature (both required)

Date

### EMERGENCY INFORMATION

Contact \_\_\_\_\_ Phone \_\_\_\_\_

Alternate \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_

Policy # \_\_\_\_\_ Group # \_\_\_\_\_

ID # \_\_\_\_\_

Doctor Name \_\_\_\_\_

Doctor Phone Number \_\_\_\_\_