

# Grace Christian Academy Sports Permission Form

I/We, \_\_\_\_\_, give permission for  
\_\_\_\_\_ to participate in the GRACE  
athletic program(s).

I/We hereby release and hold harmless GRACE Christian Academy or any and  
all of its employees from any liability for any harm arising to my son/daughter  
as a result of participating in the GRACE sports program.

I/We are aware that each participant is to return their uniform in the same  
condition as they received it at the end of their season. I/We will be held  
responsible for the cost of replacing the uniform.

The current health insurance coverage plan for our/my child is:

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

Policy #: \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date: \_\_\_\_\_