



Plaza Heights Christian Academy
Activity and Athletic Waiver 2020-2021

I, the undersigned, certify that I am the parent or legal guardian of _____ (hereafter the minor child). I am informed of the athletic activities at Plaza Heights Christian Academy and I hereby give my consent to have my minor child participate in any formal activity or athletic program offered by Plaza Heights Christian Academy during the current school year.

I understand that participating in activities and athletic programs will require a participation fee and those fees are made known to me through the school and/or athletic department. I understand that for my child to participate, a current physical form must be on file in the school office and all fees must be current prior to participating in the activity and/or athletic program.

I understand that during the time of participation in an activity and/or athletic program, my child could be injured, have harm, damage, or death. To the fullest extent permitted by law, I release Plaza Heights Christian Academy from any claims arising from my minor child's participation in the activity and/or athletic program.

In case of an emergency, I understand every effort will be made to contact me (my spouse or emergency contacts). I understand that in the event I cannot be reached, I hereby give my permission to the licensed health-care provider selected by Plaza Heights Christian Academy to secure proper treatment, including hospitalization, anesthesia, surgery, or injections of medication for my child.

Signature of Parent/Legal Guardian _____

Please print name of Parent/Legal Guardian: _____

Date: _____

Plaza Heights Christian Academy
Student Emergency/Medical Release Information

Student Name: _____

Primary Care Physician Name: _____ Phone _____

Primary Care Physician Address: _____

Dentist Name: _____ Dentist Phone #: _____

Dentist Address: _____

Insurance Provider: _____

Insurance Policy Number: _____ Group Number: _____

Preferred Hospital: _____

Please list any allergies that your child has and if there is any medication/medical instructions:

Please list any medication that your child will need to keep in the office in the medical cabinet:

Emergency Contact Information

Name: _____

Relation: _____ phone number: _____

Authorized Pick Up Contact: YES
 NO

Name: _____

Relation: _____ phone number: _____

Authorized Pick Up Contact: YES
 NO