



# ATHLETIC PARTICIPATION WAIVER FORM

To: Students, Parents/Guardians of PVCA Athletic Participants

From: Athletic Director

## PARENT/GUARDIAN ADVISORY/CONSENT AND RELEASE FOR STUDENT ATHLETIC PARTICIPATION

Pioneer Valley Christian Academy's athletic program, while voluntary, is an integral part of the curriculum, and school personnel have devoted great effort to ensure that participating students are protected in every way possible. However, participation in athletics involves a risk of injury, which may range in severity from minor to long-term catastrophic events, including paralysis and death.

Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules and regulations, report all physical problems to the coach, follow a proper conditioning program, and inspect personal protective equipment daily. Proper execution of skill techniques must be followed for every sport, especially in contact sports.

### PARENTS

Please read and INITIAL each of the following statements to show that the statement has been read, understood, and approved.

\_\_\_ I consent to have my son/daughter represent Pioneer Valley Christian Academy in approved athletic activities except those activities excluded by the examining doctor.

\_\_\_ I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips. The athlete will be transported to and from all events in school vehicles. Parents/Guardians wishing to have their son/daughter traveling with them returning from an event must make arrangements with the coach.

\_\_\_ In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In an emergency, I grant permission for any immediate treatment deemed necessary by the attending physician and transfer of my son/daughter to a qualified medical facility. This authorization covers major surgery when decreed necessary prior to surgery by two licensed physicians or dentists.

\_\_\_ I agree not to hold the school or anyone acting on its behalf responsible for any injury, or its treatment, occurring to my son/daughter in the proper course of such athletic activities or travel.

\_\_\_ I acknowledge and accept that there are risks of physical injury involved in athletic participation, which may result in permanent paralysis, mental disability, and death.

By signing this form, I (parent/guardian), \_\_\_\_\_ certify that I give my permission for my child \_\_\_\_\_ to participate in athletics at Pioneer Valley Christian Academy from \_\_\_\_\_ until \_\_\_\_\_. I release Pioneer Valley Christian Academy and all coaches from all liability and waive any claims against them.

IN CASE OF ACCIDENT OR ILLNESS, I request the school to contact me. If I am unable to be reached, I hereby authorize the coach to call the physician indicated below and to follow his instructions. If it is impossible to contact this physician, the school may make whatever arrangements seem necessary.

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_