YOUNG AMERICANS CHRISTIAN SCHOOL

1701 Honey Creek Road, SE • Conyers, GA 30013 • 770-760-7902 • Fax: 770-760-7981 • www.yacs.us

Athletic Permission Form 2017/2018

I hereby give consent for my child to participate in any interscholastic sport for the 2017/2018 school year.
I understand that participation may necessitate an early dismissal from class in which my child will be responsible to make up all work missed.

Release Form and Medical Insurance Information

In consideration for being accepted into Young Americans Christian School Athletic Program, and for participation in all approved activities involved in said Program, I do, for myself, on behalf of my child hereby release, forever discharge and agree to hold harmless Young Americans Christian School and the directors, staff or coaches thereof from any liability claims or demands for personal injury, sickness or death, which may be incurred by the undersigned and the child that occur while said child is participating in this activity.

I am the parent/legal guardian of this child and hereby grant my permission for him/her to participate fully in said athletic program. I state that I have no knowledge of any physical condition that would prohibit my child's full participation in said athletic program and fully state and understand that it is my responsibility to ensure my child is physically fit to participate in said athletic program. I hereby give my permission to take my child to a doctor or hospital and hereby authorize any medical treatment including by not limited to emergency surgery, and assume the responsibility of all medical bills, if any.

_____
Print Student's Name

_____
Parent/Guardian Signature Date

Parent Phone Numbers:

cell_____ home_____ work_____

_____ _____/_____
Emergency Contact (other than parent) Emergency Phone Numbers

Hospital Insurance: Yes____ No____ Insurance Company:_____

Policy Number:_____

Group Number:_____