

GROVE CITY CHRISTIAN ACADEMY

Be transformed by the renewing of your mind. Romans 12:2

December 2018

Parents,

This is the Waiver for those wanting to participate in basketball. If you would like your child(ren) to participate, please read, sign and return the bottom portion to the school office.

GCCA Waiver

All parents are responsible for picking up their child at the appropriate time or letting us know who will be picking up their child.

We do not provide health and accident insurance. Participants must rely on their guardians medical services. Staff members will treat minor injuries. GCCA basketball waives all responsibilities for treatment of any injuries.

Please sign return the portion below:

I hereby authorize the staff of GCCA Basketball to act for me I accordance with their best judgment in any emergency requiring medical attention, and I hereby waive and release GCCA Basketball from any and all liability for any injuries or illnesses incurred while participating.

Student's Name (please print): _____

Student's Name (please print): _____

Student's Name (please print): _____

Parent's Signature: _____