



Grace Christian School
7210 Race Track Road
Bowie, MD 20715
301-262-0158

GCS Sports Permission Form

My child, (First Name, Last Name) _____ has my permission to participate in the _____ (insert sport) program at Grace Christian School during the _____ (year) Season. They are currently in _____ grade.

Parent/ Guardian Name: _____ Date: _____

Address: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

All precautions will be taken to ensure that your child is kept safe, but as in any sport, there is always the risk of injury. The school does not provide insurance coverage for athletes other than the group catastrophic events policy. All participants should have their own insurance coverage in effect at the time of participation to cover accidental injuries that might arise.

My child has injury insurance coverage under policy # _____

Through (insurance company) _____

Parent Guardian Signature: _____ Date: _____

In case of an emergency in which your child needs immediate medical treatment, we will send him/her to the nearest hospital and notify you immediately. The phone numbers you supply are of the utmost importance and should be updated when a change occurs. Please list your doctor's name and phone number so that they may be contacted if necessary. In case parents cannot be reached, we ask that you also give us the phone number of two other individuals that we could contact in case of an emergency.

Name of Doctor: _____ Phone: _____

Emergency contact name: _____ Phone: _____

Emergency contact name: _____ Phone: _____