



PARENT PERMISSION FOR EXTRA-CURRICULAR ACTIVITIES

Extracurricular Coach/Coordinator/Instructor: _____

Activity/Club/Sport: _____

I, _____, give permission for my child
(Parent's Name)

_____ to participate in _____
(Student's Name) (Activity/Club/Sport)

at Haw River Christian Academy during the _____ school year.
(Year)

My signature evidences that I accept general liability for the participation of my child in the activity, club, or sport identified above. I further agree to release and hold harmless HRCA, their agents, officers, employees and volunteers from any and all liability, claims, suits, demands, judgements, costs, interest and expense (including attorney's fees and costs) arising from such activities, including any accident or injury to the student and the costs of medical services.

In the event of an injury requiring medical attention, I hereby grant permission to the supervising teacher(s) or staff (including volunteers) to attend to my child. If the injury warrants further medical attention, I expect every effort will be made to contact me to receive my specific authorization before action is taken. If efforts to contact me are unsuccessful, I grant permission for necessary medical treatment to be given. In addition, I hereby give my permission to the supervising teacher(s) or staff (including volunteers) to take my child to the physician, dentist, or to the hospital if an accident or serious illness occurs and I cannot be located.

(Parent's signature)

(Date)

Students must have a completed and signed permission slip before they will be permitted to participate in the above activity, club, or sport.

Return this form to the school office