

Athens Christian School, Inc.

Directors

Dr. Buhl Cummings
Dr. Lois Cummings

"Quality Education in a Christian Atmosphere"

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(706) 543-9096 - Night
(706) 549-2899 - Fax

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PARENTAL AUTHORIZATION

I, parent or guardian of the named child, _____ hereby give approval for participation in the Athens Christian School Athletic Program. I assume all risks and hazards incidental to such participation, transportation to and from activities; and do hereby waive, release, absolve, indemnify, and agree to hold harmless Athens Christian School, the organizers, sponsors, supervisors, coaches, participants, and persons transporting the player to and from activities, for any claims arising out of an injury to the player. I also grant permission to Athens Christian School and its managing personnel or other representatives to authorize and obtain medical care from any licensed physician, hospital, or medical clinic should the player become ill or injured, including transportation to obtain such medical care.

I further acknowledge that I have medical and hospitalization insurance.

Policy # _____ Name of Insurance Provider _____

Family Physician: _____ Phone # _____

Signature of parent or legal guardian: _____

Date _____

Please make note of any medical complications (asthma, etc.) or anything about which we should be informed:
