

EXTRA-CURRICULAR ACTIVITY PARENT PERMISSION SLIP

Coach/Sponsor Name: _____

Activity/Club/Sport: _____

Start Date: _____ End Date: _____

Parent: Please complete & return this form to the school office.

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

to participate in _____ at Atlanta Classical Christian
(Sport/Club/Activity)

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 and that I agree to indemnify and hold harmless Atlanta Classical Christian Academy, its teachers, its sponsors, its governing board, and other participating agents, either jointly or severally, from and against any and all claims, injuries, damages, losses, costs, or causes of action that may arise in connection with this activity, club, or sport.

If my child is participating in a sports or athletic activity my signature evidences that I understand that each participating student must have a sports physical from a licensed physician on file in the school office before the first practice of the first sport played each school year. This physical is valid for all sports played for this school year only.

My signature also evidences that I agree, in the event of a medical emergency, to allow my child to be treated by medical personnel as outlined in my "Emergency Release Form."

(Parent Signature)

(Date)

Students must have completed and signed permission slip and sports physical (if applicable) before they will be permitted to participate in the above activity, club, or sport. Students without permission slips (and sports physicals, if applicable) will not be allowed to participate. No exceptions will be made.