

Phone Number

Parent or Guardian Signature

432 W 300 N Anderson, IN 46012 Phone: 765-643-7884

Fax: 765-683-4200

www.indianachristianacademy.org

Athletic Consent and Release Form

I, the undersigned parent or guardian, hereby consent to my child, participating in Basketball, an event sponsored by Indiana Christian Academy, a ministry of Grace Baptist Church during the 2013-2014 school year. I certify that my child is able to participate in these activities including practice, traveling to games, and a competition between teams. I promise to arrange a ride for my child at the designated time the team arrives back at ICA. The ICA website will have the most accurate schedule of times. If my child has medical conditions which may be relevant to a physician in the event of an emergency, I have listed them below. In the event an emergency occurs, I may be reached at the telephone number(s) listed below. If I cannot be reached, I hereby authorize the team coach or an adult sponsor to make emergency medical decisions for my child. If there are any activities I do not want my child to be involved in, I have listed them below.
In accordance with the rules of IHSAA, I/we hereby give consent to the above named student to participate in the following inter-school sports, NOT MARKED OUT BELOW: Boys' Sports: Basketball, Soccer Girls' Sports: Volleyball, Basketball, Cheerleading
I UNDERSTAND AND HEREBY AGREE TO ASSUME ALL OF THE RISKS WHICH MAY BE ENCOUNTERED ON SAID ACTIVITY, INCLUDING ACTIVITIES PRELIMINARY AND SUBSEQUENT THERETO. I do hereby release, discharge and relinquish the Indiana Christian Academy and Grace Baptist Church and its agents and employees of and from all liability, actions, causes of actions of any sort, claims, expenses, and damages on account of injury to my child or property.
I expressly agree that this release, waiver, and indemnity agreement is intended to be broad and inclusive as permitted by the law of the State of Indiana and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect. This release contains the entire agreement between the parties hereto and the terms of this release are contractual and not mere recital.
I further state that I HAVE CAREFULLY READ THE FOREGOING RELEASE AND KNOW THE CONTENTS THEREOF, AND I SIGN THIS RELEASE AS MY OWN FREE ACT. This is a legally binding agreement which I have read and understand.
Medical conditions to be aware of:
I do not wish my child to participate in the following:
Parent's E-mail

Alternate Phone Number

Date