



GRANVILLE
CHRISTIAN
ACADEMY

**GRANVILLE CHRISTIAN ACADEMY
MIDDLE SCHOOL & HIGH SCHOOL
ATHLETE AGREEMENT FORM**

Parent-Student Agreement

I _____ (*PRINT parent name*) and _____ (*PRINT student name*) have read and agree with the Granville Christian Academy Athletic Policies and fully support the coaching staff and administration of the school. If we need clarity or have questions regarding the athletics program, we understand to contact the Head Coach of the sport in question first, and then contact the Athletic Director. We agree to always speak righteously regarding Granville Christian Academy (GCA) and its coaching staff. Even when we do not agree with particulars, we agree to speak only to those with whom we have a disagreement and to handle the matter in a Christian manner. I will attend the sports meeting(s) for my child(s) sports or schedule a meeting with the Athletic Director to review policies and information for which I need clarity. I have also read the GCA Parent/Student Handbook posted on the Granville Christian Academy Website, www.granvilleca.org.

Parental Consent

I give my consent for this student to compete in sports. I authorize the student to go with and be supervised by a representative of the school on any trips. When necessary, I give permission for the coach to release my child early from class. In case of injury or illness, GCA is authorized to have the student treated and I authorize the medical agency to render treatment.

Release of Liability

Participation in extra-curricular activities at GCA is based upon my own decision and discretion, and GCA will not be held liable for any injuries that occur within the activity. I acknowledge that participation in Athletics involves both known and unanticipated risks to the participants and may result in various types of injury including but not limited to sickness, bodily injury, death, emotional injury, personal injury, damage to clothing or property, or financial damage. I understand such risks cannot be eliminated, despite the use of safety or athletic equipment, without jeopardizing the quality of the activities.

I assume full responsibility for myself and my family members, and further release and discharge GCA and its agents from liability for injury or damage as described above arising out of my or my family's participation in Athletics including use or presence upon the facilities of GCA or any venue of athletic practice or contest, whether caused by the fault of myself, my family, GCA, or other third parties.

I agree to observe and obey all posted rules and warnings, and further agree to follow any oral instructions or directions given by GCA, or the employees, representatives, or agents of GCA, as well as the instructions and guidelines in both the Parent/Student Athlete Handbook and the GCA Parent/Student Handbook.

I have received and read the attached OHSAA Concussion Information Sheet and discussed the information regarding concussion symptoms and follow-up care with my student athlete. I understand the risks my child faces by participating in a sport at GCA.

I agree to indemnify and defend GCA against all claims, causes of action, damages, judgments, costs, or expenses, including attorney fees and other litigation costs, which may in any way arise from my or my family's use of or presence upon the facilities of GCA, or its partners.

I agree to pay for all damages to the property of GCA caused by me or any of my family members, regardless of whether or not the damage was done intentionally.

_____ Please initial if your son or daughter is **under the age of 15** and is physically fit to participate on a **Varsity team**.

I understand that Granville Christian Academy will make their best effort to contact me in the event of a medical or other emergency concerning my child. However, if I cannot be reached, I authorize the calling of a doctor and the providing of necessary medical services, as determined by emergency or school personnel, in the event my child is injured or becomes ill. I hereby give my permission for the above stated student to receive emergency medical treatment, to be hospitalized, and to receive such injections, anesthesia, or operation as may be urgently necessary. I will not hold Granville Christian Academy liable for any accident, sickness, or emergency treatment given while my child is in the care, custody, or control of Granville Christian Academy that is made in good faith.

Parent Signature _____

Date _____

Student Signature _____

Date _____

Athletic Director Signature _____

Date _____

6th – 12th GRADE ATHLETES MUST COMPLETE THIS PAGE