

GRACE CHRISTIAN SCHOOLS OF PASCO
Athletic Participation Form
2025-2026

PLEASE PRINT OR TYPE:

Student's Age: _____

Grade Level: _____

Name of Student: _____
Last First Middle

Date of Birth: _____

Address: _____

Home Phone: _____ Emergency Phone: _____

Father/Guardian: _____ Insurance Company: _____

Address: _____

Employer's Name: _____ Employer's Phone: _____

Mother/Guardian: _____ Insurance Company: _____

Address: _____

Employer's Name: _____ Employer's Phone: _____

Is the Insurance Company or plan listed above considered a Health Maintenance Organization (HMO) or a Preferred Provider Organization (PPO)? Yes _____ No _____

The parents of all student athletes must provide a copy of Proof of Insurance.

PARENT'S STATEMENT:

As parent/guardian of the student identified herein, I give consent for my child to engage in athletics and travel on trips as a Team member.

I understand that the athletes may be asked to pay certain fees for uniforms and transportation to and from games, etc.

I am aware that participation in competitive athletics may result in severe injury, including paralysis or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, has reduced these risks, but it is impossible to totally eliminate such occurrences.

Grace Christian School does not provide any insurance coverage for athletic participation and is not responsible for any injuries incurred including: practice, instruction, game participation, exercise and any other form of participation.

I GIVE THE COACH OR PERSON IN CHARGE PERMISSION TO AUTHORIZE MEDICAL ATTENTION FOR MY CHILD IN THE EVENT THAT HE/SHE IS INJURED AND NO ONE IS ABLE TO CONTACT ME. Yes _____ No _____

I understand that Grace Christian School is not responsible for any injuries my child incurs. I understand that I will be responsible for paying the cost for all medical treatment.

PARENT'S SIGNATURE: _____

DATE: _____

STUDENT'S STATEMENT: I understand that it is my responsibility to stay academically eligible, to keep training rules, and to conduct myself in a manner which will bring honor to my school, my team, and my family. I understand that I and my parents/guardians are responsible for any uniforms, equipment, and/or supplies issued to me while I am participating in interscholastic athletics. I agree to correct any damaged items and replace any lost items. I understand that suspension from school will result in suspension from practices and games held during the time of suspension.

STUDENT'S SIGNATURE: _____ **DATE:** _____

ELIGIBILITY STANDARDS: To be eligible to participate in extracurricular activities, students must have passed all courses in the previous quarter. Eligibility for the first quarter of the school year will be determined by the fourth quarter of the previous year. Students who earn eligibility will remain eligible for the entire quarter.

INELIGIBLE STUDENTS: Ineligible students may practice and attend meetings but will not be allowed to participate in any interscholastic events, including tournaments, until the three weeks progress report is issued.

CONDITIONAL ELIGIBILITY: When the three weeks progress report is issued, an ineligible student will be considered conditionally eligible only if he or she has passed every course. If there is a failure in any course, the student will remain ineligible. Conditional eligibility ends when the six weeks progress report is issued. When the six weeks progress report is issued, an ineligible student will be considered conditionally eligible only if he or she has passed every course. If there is a failure in any course, the student will remain or become ineligible. If an ineligible student has a failing grade on both the three weeks and six weeks progress reports, the student may not practice, attend meetings, or participate in any interscholastic events, including tournaments, until the next report card is issued.

SPORT PHYSICAL: In order for any student to participate in the sports program, he/she must have a valid up-to-date physical on file.

I/we the undersigned, for ourselves, our heirs, executors and administrators, waive, release and forever discharge Grace Christian School and it's staff, officers, agents, employees, representatives successors and assignees of and from all rights and claims for damages, injuries, or loss of person propriety which may be sustained or occur during participation in school activities.

Parent/Guardian Signature _____ **Date** _____