**Whitefish Christian Academy**

Parent/Guardian and Student Activity Consent/Release Form

**Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Grade: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Activity: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Part A: Parent/Guardian Permission to Participate**

 We hereby give our permission for the above-named student to participate in Whitefish Christian Academy approved interscholastic activities as a representative of his/her school. We also give our consent for the above-named student to accompany the team or group as a member on its out-of-town trips. We understand that we must have our own insurance.

**Part B: Parent/Guardian Medical Consent**

 We hereby give our consent, in the event of injury or illness, for emergency medical treatment, hospitalization or other medical treatment as may be necessary in the opinion of WCA personnel for the welfare of the above-named student, by a physician, qualified nurse, emergency medical personnel, certified athletic trainer, and/or hospital during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group. Further, we hereby waive, on behalf of the named student, and ourselves any liability of the school, its agents or employees, arising out of such medical treatment.

**Part C: Parent/Guardian and Student Risk Awareness Verification**

 We understand and acknowledge that organized athletics involve the potential of injury that is inherent in all sports/activities. We acknowledge that even with the best procedures, use of protective equipment and strict observance of the rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in disability, paralysis, or even death.

**PART D: COVID-19 Risk Awareness and Agreement**

 We understand and acknowledge that organized athletics may increase the above-named student’s exposure to COVID-19. We grant the above-named student’s full participation in the sport or activity that he/she plays, and accept the risks of COVID-19 exposure during involvement in those sports. Further, we have read the *Waiver of Liability and Health Screening Agreement*, understand it and agree to it generally as it relates to my child’s participation in WCA Athletics.

We, the undersigned, acknowledge that we have read and understand all aspects of this form and grant permission and consent as required. We understand that we are encouraged to clarify any questions we may have with the principal prior to signing this form.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Parent/Guardian Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student Signature Date**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Work Phone Home Phone Emergency #**