



Pensacola Christian Academy

Athletic Parental Consent Form

Please print clearly

Name of Student _____

PCA ID # _____ Last Name _____ First Name _____ Middle Initial _____
Date of Birth _____ Grade _____

Home Phone # _____ Parent's Cell Phone # _____

I give my consent for the above-named student to participate in athletic activities of Pensacola Christian Academy and to accompany his/her team or athletic club on any of the school-sponsored local or out-of-town trips. I authorize the school to obtain, through a physician of its own choice, any emergency medical care that may become necessary for my child in the course of such athletic activities or travel. I understand that such activities involve the potential for catastrophic injury, or even death, which is inherent in all sports. I indemnify and save Pensacola Christian Academy and Pensacola Christian College, Inc., its employees, and agents harmless from any liability or medical payments resulting from my child participating in athletic activities or travel.

Mother

Date

Father

Date

Signature of Sole Guardian

Date