



POTENTIAL CHRISTIAN ACADEMY ATHLETICS
INSURANCE FORM 2019-2020
(This form only needs to be filled out once per school year)

I give my child, _____, permission to participate in the Potential Academy Christian Academy's Athletic Program. I am aware that games will be played on and off-campus.

Parent's name: _____
Home Phone #: _____
Mom's Cell Phone #: _____
Dad's Cell Phone #: _____

Address: _____

Insurance Information:

Insurance Company: _____ Phone #: _____

Name of Insured: _____

Group or Policy#: _____

In case of emergency, please contact:

- 1. _____ Phone #: _____
2. _____ Phone #: _____
3. _____ Phone #: _____

The undersigned, on his or her own behalf and on behalf of the child listed above, hereby releases Potential Christian Academy from any and all liability arising out of or in connection with the above listed child's participation in any Potential Christian Academy Athletic program, even though that liability may arise due to negligence or carelessness on the part of Potential Christian Academy, its staff, or employees, and further, on behalf of myself and the child listed above, waives any and all claims of any kind against Potential Christian Academy, its staff, or employees arising from or in connection with the services provided by Potential Christian Academy as part of its program.

Signed: _____ Date: _____
(Father/mother/legal guardian) (Circle one)

Print Name: _____