

Harvest Christian Academy
Athletic Policy Consent Form
2012-2013

Athlete's Name: _____	Male / Female	Grade _____
Athlete's Name: _____	Male / Female	Grade _____
Athlete's Name: _____	Male / Female	Grade _____
Athlete's Name: _____	Male / Female	Grade _____

Please check all that the athlete will consider playing this coming school year.

- | | |
|---|---|
| <input type="checkbox"/> MS Girl's Volleyball | <input type="checkbox"/> HS Cross Country |
| <input type="checkbox"/> MS Cross Country | <input type="checkbox"/> HS Girl's Volleyball |
| <input type="checkbox"/> MS Boy's Basketball | <input type="checkbox"/> HS Cheer |
| <input type="checkbox"/> MS Girl's Basketball | <input type="checkbox"/> HS Girl's Basketball |
| <input type="checkbox"/> MS Boy's Soccer | <input type="checkbox"/> HS Boy's Basketball |
| <input type="checkbox"/> MS Girl's Soccer | <input type="checkbox"/> HS Track |
| | <input type="checkbox"/> Boy's Soccer |
| | <input type="checkbox"/> HS Girl's Soccer |

Athlete- Your signature on this form indicates that you have read, understand, and agree to abide by the HCA Athletic Policy.

Athlete's Signature Date

Athlete's Signature Date

Athlete's Signature Date

Athlete's Signature Date

Parent/Guardian- Your signature on this form indicates that you have read, understand, and agree that your son/daughter will abide by the HCA Athletic Policy. You also give your child permission to be transported to selected away athletic events by Harvest Christian Academy. You understand that those in charge will take every possible safety precaution, and I will assume responsibility for any unavoidable accident to him/her

Parent Signature Date

Best Number To Reach Parent

Emergency Contact, Relationship, Phone Number