

**Parent Medical Consent
Providence Academy Elementary Basketball Program**

Student's name(s): _____ *Student's grade* _____
_____ *Student's grade* _____
_____ *Student's grade* _____

All areas of this form must be completed and signed by a Parent/Guardian.

Father's name:

Father's phone number at work: _____ Home: _____

Mother's name:

Mother's phone number at work: _____ Home: _____

If parents cannot be reached the following person should be contacted:

Name: _____ Phone: _____

All Participant's must have their own medical coverage. The program provides only excess accident (does not include deductibles) after your policy has been utilized.

Participant's insurance company:

Policy Holder: _____ Policy: _____

Providence Elementary Basketball Program Release Statement

I/We the undersigned hereby certify that we the parent/guardian give permission for the staff of Providence Academy to seek appropriate medical attention for my child in the event of an accident.

I/We will be responsible for any and all costs except for PAs excess coverage by the PA excess student medical coverage policy.

I/We the undersigned, waive, release, and discharge Providence Academy and its staff of injury or damages that may be sustained whether or not damages/injury is due to negligence. I/We acknowledge that my/our child is physically fit and mentally capable of participation in this program. I/We give permission for our child to participate in all program activities.

Parent/Guardian's signature: _____ **Date:** _____