



Notarized Parental Consent Form
VALLEY CHRISTIAN SCHOOLS
6900 W. Galveston St., Chandler, AZ 85226-2508
(480)705-8888 Fax (480)705-8889

By signing below, I/We give our permission for (name of student) _____ to participate in **all school-sponsored activities**, including sporting events, practice and school-sponsored trips away from the school premises for the **2022-2023 school year**.

I/We realize that such activities involve the potential for injury. I/We further acknowledge that the participation in inter-scholastic athletics even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, the injuries can be so severe as to result in total disability, paralysis, quadriplegia or even death. I/We acknowledge that I/we have read and understand this warning.

BE IT KNOWN that in the event I cannot be reached, I the undersigned parent/guardian of the student named, do hereby give and grant unto any paramedic, medical doctor, or hospital my consent and authorization to render such aide, treatment or care to said student as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said student should be injured or stricken ill while participating in an activity sponsored by the school.

IT IS HEREBY understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend throughout the current school year.

IT IS FURTHER understood that insurance or the parent/guardian of the student will pay for any expenses incurred. Payment of the expense is not a school responsibility.

IT IS FURTHER understood that we release Valley Christian Schools, its Board of Directors, employees, agents, and representatives from any claim we may have resulting from any illness or injuries sustained by our child while under school supervision whether at school or away from school premises. We further agree to hold harmless Valley Christian Schools, its Board of Directors, employees, agents, and representatives from any injury or damage, which may be caused by our child(ren).

 Student's Name Birth Date Home Phone Number

 Primary Street Address City Zip Code

 Father's Name Father's Work Phone Father's Cell Phone Father's Home Phone

 Father's Street Address City Zip Code

 Mother's Name Mother's Work Phone Mother's Cell Phone Mother's Home Phone

 Mother's Street Address City Zip Code

 Mother's e-mail address Father's e-mail address

 Emergency Contact/Relationship Phone: Cell or Home

 Family Doctor Phone

 Hospital Preference Phone

 Insurance Company Group Number

 Parent/Guardian Signature (**Sign in presence of Notary**) Date

 Student Signature if 18 years of age or older (**Sign in presence of Notary**) Date

Subscribed and Sworn before me this _____ Day of _____ Year of _____

NOTARY PUBLIC Signature _____ **SEAL/Commission expiration date:**