



**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 **2024-2025 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

Subscribed and Sworn before me this \_\_\_\_\_ Day of \_\_\_\_\_ Year of \_\_\_\_\_

**NOTARY PUBLIC Signature** \_\_\_\_\_ **SEAL/Commission expiration date:** \_\_\_\_\_