

**GVCS BROADFORDING  
ATHLETIC DEPARTMENT  
Parental Consent Form**

Permission is hereby given for (student name) \_\_\_\_\_ Grade \_\_\_\_\_ to participate in (Name of Sport) \_\_\_\_\_ practices, scrimmages, team-sponsored activities, and home & away games for the school year \_\_\_\_\_/\_\_\_\_\_.

Participants are required to operate under the guidelines as outlined in the GCVS-B Student Athlete Handbook.

**There is an Athletic Fee that will be billed to your GVCS-B account once permission is given for your student to play.** If the fee is not paid in 30 days as stated on your GVCS-B Statement, it may be subject to a \$25.00/month service charge. **Athletic Fees will be billed as follows: 5<sup>th</sup>-8<sup>th</sup> grade \$90 / 9-12<sup>th</sup> grade \$125**

In case of a medical emergency, please contact (Name) \_\_\_\_\_ at (Home Phone) \_\_\_\_\_ (Cell Phone) \_\_\_\_\_.

However, in the event that I cannot be reached, I authorize GVCS-Broadfording to make emergency medical care decisions on behalf of my child. I give my consent and authorization to any emergency medical personnel, medical doctor or hospital to render such aid, treatment or care to my child named above as, in the judgment of said emergency medical personnel, doctor or hospital, may be required on an emergency basis.

I understand that GVCS-Broadfording and its employees will not be responsible for medical expenses incurred solely on the basis of this authorization. I understand that as parent/guardian, I accept full financial responsibility for all medical expenses incurred. I certify that this student is in good health, and I know of no physical condition, which by participation, would endanger the student's health.

I hereby release, discharge, and waive all claims and causes of action against all coaches, teacher, athletic director, and staff members of GVCS-Broadfording, as well as the school itself from any damages or injuries that might be incurred during any team practice, game, meeting, or during transportation to and from team activities.

**Insurance information:**

Child's Primary Insurance Provider: \_\_\_\_\_  
Name of Policy Holder: \_\_\_\_\_ Member #: \_\_\_\_\_

**Medical Information:**

My child has the following allergies: \_\_\_\_\_  
\_\_\_\_\_

My child is taking the following **medication**: \_\_\_\_\_  
\_\_\_\_\_

**Transportation Permission:**

My child has permission to (**Check All that Apply**):

- Ride in GVCS-Broadfording provided transportation for all activities.
- Ride with other parents who are providing transportation.
- Drive his or her vehicle to the sponsored activity (student must have a valid GVCS-B Driving Permit on file at the school and is not permitted to transport anyone but his/her own siblings.)

- I acknowledge that the above information is correct, and I agree to abide by the terms and conditions listed above. I also understand that it is my responsibility to advise GVCS-B of any changes in the information listed above.
- I give my child listed above my permission to participate in this sport.
- I understand that I am responsible for paying the fees listed above for this activity and that this amount will be billed to my GVCS-B Account and could be subject to service charges if paid late.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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