

SCA Running Club Permission Form

My child, _____, has permission to participate in the Eagles' Running Club sponsored by Savannah Christian Academy in accordance to the conditions described herein. I affirm that I am the parent/legal guardian of the above-named child and that my signature confirms that I have read this document completely and that I understand its terms.

By my signature below, I certify that:

- I understand that my child must pass a physical examination given by a licensed physician/nurse practitioner that is in collaboration with a licensed physician or a licensed physician's assistant under the supervision of a licensed physician and complete a Medical History Evaluation form prior to participating.
- I understand that if the medical status of my child changes in any significant manner after he/she passes his/her physical examination, I will notify my child's coach as well as the school's principal.
- I, as the parent/guardian for the above named child, assume responsibility for all risks involved and release the staff of Savannah Christian Academy, its board members, administrators, and pastors from all liabilities involved herein except for those caused by gross negligence.
- I understand that Savannah Christian Academy does not have insurance to cover injury to my child while participating in the Eagles' Running Club. I represent that appropriate coverage for my child has been arranged by me through my own insurance carrier. If emergency medical procedures or treatment are required during an athletic activity, I consent to the head coach's or the principal's arranging for or consenting to the procedures or treatment at his/her discretion.
- I certify that I have health and accident insurance coverage on my student and our policy is with _____, under policy or group # _____.
- I request that my child, _____, be allowed to participate in the Eagles' Running Club and hereby consent to his/her participation.

Signature of Parent/Guardian

Date_