

**20\_\_ - 20\_\_  
ATHLETICS RELEASE FORM  
GRADES 7-12**

**Calvary Christian Academy  
1401 Oakhurst Scenic Drive  
Fort Worth, TX 76111  
817.332.3351**

Dear Parents:

This information is being requested to gain your permission for participation in athletic events and to obtain necessary information in case of an emergency.

Please fill out the information requested at the bottom of this page and return it to the school.

Sincerely,

Sue Tidwell

\_\_\_\_\_  
(print student's name), in the \_\_\_\_\_ grade,

has my permission to participate in all Calvary Christian Academy's athletic events. Also by signing, I release Calvary Christian Academy from any and all liability. This not only refers to injuries incurred during participation, but includes transportation to and from games.

I also authorize any Calvary Christian Academy official to obtain emergency medical treatment if necessary. I understand that I will be contacted as soon as possible in the event of an emergency.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian

**Insurance Information**

**Insurance Company** \_\_\_\_\_

**Policy Number** \_\_\_\_\_

**Family Physician** \_\_\_\_\_

**Office Number** \_\_\_\_\_ **Hospital** \_\_\_\_\_

**Father's Business/Cell Phone Number** \_\_\_\_\_

**Mother's Business/Cell Phone Number** \_\_\_\_\_

**Home Phone Number** \_\_\_\_\_