



Parental Consent Form for

Program at 385 Chapman St. Greenfield, MA 01301

I, the undersigned, [Parent/Guardian Name _____], hereby grant permission for my child, [Child's Name _____], to participate in the non-school wrestling program at 385 Chapman St. Greenfield, MA 01301. I understand that wrestling involves physical contact and inherent risks, and I acknowledge that accidents may occur during the course of the program. Despite the best efforts of Providence Moldovan Baptist Church/Providence Christian Academy to ensure a safe environment, I am aware that no activity is without risk. In consideration of my child's participation, I agree to release, indemnify, and hold harmless Providence Moldovan Baptist Church/Providence Christian Academy, its staff, and any associated parties from any and all liability, claims, demands, actions, or causes of action whatsoever arising out of or related to any loss, damage, or injury, including death, that may be sustained by my child during the course of the wrestling program.

I understand and accept that Providence Moldovan Baptist Church/Providence Christian Academy is not liable for any accidents, injuries, or other unforeseen circumstances that may occur as a result of my child's participation in the after-school wrestling program.

I hereby certify that my child is in good health and able to participate in the wrestling program. In the event of any medical emergency, I authorize Providence Christian Academy staff to seek and consent to necessary medical treatment for my child.

I also grant permission for my child to be photographed or videotaped during the program for promotional or educational purposes.

This consent form is valid for the duration of my child's participation in the after-school wrestling program at 385 Chapman St.

Parent/Guardian Name: _____

Signature: _____ Date: _____

Emergency Contact Information:

Emergency Contact Name: _____ Phone Number: _____

Physician's Name: _____ Phone Number: _____

Insurance Information:

Insurance Provider: _____ Policy Number: _____

Please return a signed copy of this consent form to the Providence Christian Academy prior to your child's participation in the after-school wrestling program.