

## Parental Consent Form for

### Girls Soccer 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 soccer program at 385 Chapman St. Greenfield, MA 01301. I understand that soccer 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, coaches, volunteers, 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 soccer 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 soccer program.

I hereby certify that my child is in good health and able to participate in the soccer 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 soccer 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 soccer program.