

The Mission of WCA is to educate and train students from Christian families in accordance with the Bible, God's inerrant Word, leading to the Biblical world view for life-long service to Christ.



Quality
Christian Education
SINCE 1964

WESTMINSTER CHRISTIAN ACADEMY

1400 Evangel Drive
Huntsville, AL 35816
(256) 705-8000
(256) 705-8001 - FAX

375 Mount Zion Road
Madison, AL 35757
(256) 705-8300
(256) 705-8301 - FAX

Website: www.wca-hsv.org

MEDICAL AND CONSENT/APPROVAL FORM

Name of Student: _____ Birth Date: _____
Last First

Parents' or Guardians' Names: _____ Grade (At time of Sport) _____

Address: _____

Home#: _____ Work#: _____ Cell 1: _____ Cell 2: _____

EMERGENCY Contact: _____ Relation to Student: _____ Phone # _____

Insurance Company: _____ Group/Policy #: _____

(MUST show proof of Insurance to participate)

To Whom It May Concern:

My child, _____, has my permission to participate in training, competition, events, activities and travel sponsored by Westminster Christian Academy.

I approve of the coaches and other staff designated by WCA who will be in charge of this team. I recognize that they are people ultimately placed in their positions by Almighty God (as per Romans 13:1-7). I understand that my child is expected to submit to this authority, realizing that benefits will be derived by his/her participation in this activity.

I hereby voluntarily waive any claim against the coaches and sponsoring institutions for any causes, which may arise in connection with this activity. I certify that my child has full medical insurance with the company listed above. I also certify to the best of my knowledge, that the participant named in herein is physically fit to engage in the activities described above.

Signed: _____ Date: _____

Relationship: _____

I understand every effort will be made to notify me in case of an emergency. If I cannot be reached and such becomes necessary, I hereby grant permission to the physician selected by the coach or staff of WCA in charge of this activity, to hospitalize, secure proper treatment, and to order injection, anesthesia, or surgery for my son/daughter in the event of an injury or illness resulting from participation in the above described activities.

Signed: _____ Date: _____

Relationship: _____

IF YOU HAVE NEVER PLAYED SPORTS FOR WCA, please include ENROLLMENT DATE: _____ / _____
MM YY

Accredited by Southern Association of Colleges and Schools

"Train up a child in the way he should go; and when he is old he will not depart from it." – Proverbs 22:6