

Do NOT Staple

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.



# WESTMINSTER CHRISTIAN ACADEMY

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Madison, AL 35757  
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Website: [www.wca-hsv.org](http://www.wca-hsv.org)

Quality  
Christian Education  
SINCE 1964

## MEDICAL AND CONSENT/APPROVAL FORM

Name of Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Last First

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

Address: \_\_\_\_\_ Home#: \_\_\_\_\_

Work#: (D) \_\_\_\_\_ Work#: (M) \_\_\_\_\_ Cell 1: (D) \_\_\_\_\_ Cell 2: (M) \_\_\_\_\_

EMERGENCY Contact: \_\_\_\_\_ Relation to Student: \_\_\_\_\_ Phone # \_\_\_\_\_

Insurance Company: \_\_\_\_\_ Group/Policy/Contract #: \_\_\_\_\_  
(MUST submit copy of Insurance card on file 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 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