



Providence Christian Academy

6872 Watson Court, Warrenton, VA 20187
Phone: 540-349-4989 or 571-332-4710 Email: info@pcalions.org

ATHLETIC TRAVEL PERMIT

Athlete's Name: _____

I understand that during the athletic season, my child may need to be transported to athletic competitions, scrimmages and practices, either in a bus, van, private car or by foot. I further understand that my child will be chaperoned by a responsible adult at all times while away from the school property and that the adult will take necessary precautions to protect my child from harm and injury.

In the event my child is injured or becomes ill away from the school on any of the aforementioned trips, I understand the chaperone will immediately seek medical attention for my child and contact me as soon as possible. I further hereby agree to hold Providence Christian Academy; its employees, and agents harmless of any injury or sickness caused by negligence of persons other than employees or agents of Providence Christian Academy when such injury or sickness occurs during any of the aforementioned trips.

I understand that I may revoke this permit at any time and either refuses to allow my child to be transported or to be responsible for the transportation of my own child. If I desire to take either of these actions, I will notify to principal of the school or athletic department in writing, stating these requests.

DATE

SIGNATURE OF PARENT OR GUARDIAN

I do not wish my child to take part in the aforementioned trips.

DATE

SIGNATURE OF PARENT OR GUARDIAN