



# GRACE CHRISTIAN SCHOOL

A Ministry of First Baptist Church – Federal Tax Id 93-0817076

649 Crater Lake Ave., Medford, OR 97504  
541-772-1438 ~ Fax 541-858-7288  
jbritton@gracechristian.org

## Athletic Insurance Waiver 2010-2011

My child, \_\_\_\_\_, has permission to participate in **athletics** at Grace Christian School for the 2010-11 school year; this covers in-season sports (fall, winter, and spring) and not off-season or club teams. I understand that my child must meet eligibility requirements set forth by the Grace Christian School. Also, my child will abide by school and team regulations set forth by school administrators and coaches.

Due to the inherent risk of any sport, insurance coverage for your child will be required before participation. If your child is not covered under a family policy, insurance may be purchased from an outside carrier. You may contact our insurance agent; Michael Beck Insurance @ 664-2261 if you don't have a carrier. Your child cannot participate in sports activity until they have coverage.

**Please check the appropriate box:**

**My child is covered by family policy.**

\_\_\_\_\_

**Insurance Company**

\_\_\_\_\_

**Policy Number**

**My child is covered by an outside carrier.**

\_\_\_\_\_

**Insurance Company**

\_\_\_\_\_

**Policy Number**

I, hereby, affirm that this information is correct and assume responsibility, financial or otherwise, for any injury, which my child may incur while participating in **athletics** at Grace Christian School.

\_\_\_\_\_  
Signature (parent or guardian)

\_\_\_\_\_  
Date