

# Valley Presbyterian School Athletic Permission Form

\_\_\_\_\_ has my permission to  
Student's Name

participate in the VPS Athletic Sports program. This permission form covers all games throughout the year. In the event of injury, Valley Presbyterian School has my permission to secure medical treatment, and I will be responsible for payment of medical services rendered.

Special Medical Needs: \_\_\_\_\_  
\_\_\_\_\_

I have read and agree with the philosophy and guidelines of the VPS Eagles and Sports Team Program.

\_\_\_\_\_  
Parent Signature Date

Home phone \_\_\_\_\_ (for emergency use)

Work phone \_\_\_\_\_ (for emergency use)

Cell phone \_\_\_\_\_ (for emergency use)

Email address \_\_\_\_\_ (for communication use)