



Grace Christian School

8067 Atlee Road Mechanicsville VA 23111

Open Gym Authorization Form

Event: Boys' Basketball Open Gym (Grades 6-12)

Location: GCS/Mechanicsville Church of Christ Gym

Supervising Staff: Gerry Greene, Middle School Boys' Basketball Coach

Dates: July 6th, July 7th, July 14th, July 20th, July 21st, August 16th, August 18th

Times: All open gym nights are from 4:00 – 6:00 PM

Fee: There is no fee to participate.

Supervision: Students participating in the above described event will be supervised by GCS staff and volunteers.

Expectations: All students are expected to...

1. Follow the directions of the coaching staff.
2. Wear appropriate clothing and shoes.
3. Adhere at all times to the requirements of the GCS Student Code of Conduct.
4. Be picked up on time by parents.

Registration Process:

Students are not required to attend all open gym nights. These are opportunities to improve skills and strategies while working with the team's coach. In order for students to participate, parents must complete the below form and return it to the main office, email it to Mrs. Whitlow at whitlow@grace-school.net, **OR** bring the form with them to the open gym event. Only one signed permission form is required for the open gym nights as the coach will keep them on file. Students who show up to play without a signed form will not be permitted to participate per school policy.

Please Return This Page

Name of Student: _____ Date: _____

Permission forms must be delivered to the main office, Mrs. Whitlow, or Coach Greene before participation is permitted.

Acknowledgement/Consent:

I request that the above-named student be allowed to participate in GCS Boys' Basketball Open Gym Nights and specifically consent to his/her participation. If any emergency medical procedures or treatment are required during this trip, I (we) consent to the event supervisor(s) taking, arranging for or consenting to the procedures or treatment at his/their discretion.

I understand and accept that the GCS does not carry accident insurance. It is the responsibility of the family to cover any related expenses. I expressly agree to reimburse GCS, its individual members, agents, employees and representatives, as well as service supervisors, for any losses, damages or injuries arising out of, during or in connection with the above-named student's participation in the trip, including the costs incurred for the rendering of emergency medical procedures or treatment, if any.

Parent/Guardian signature

Date

Parent/Guardian printed name

Cell phone number

Work telephone number

Parent/Guardian email: _____

In case of emergency, please call: _____/phone _____

Please list any medical concerns/information below: