**CGAA Waiver Form**

(This form to be completed by a parent/guardian of all fifth grade athletes and/or first year participants)

As the parent of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I give my permission for him/her to participate in the following organized CGAA athletic events:

  Soccer  Baseball

  Volleyball  Softball

 Basketball  Track

 Golf  Cross Country

 Tennis

I agree to hold the school and its agents harmless for any liability to my child because of any injury to him/her. Should legal action, for any reason, be taken against CGAA or any employee or agent thereof, on my child’s behalf, I agree to pay all attorney fees (CGAA included), damages, medical fees, or other costs.

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 Signature of Parent Date

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 Signature of Athletic Director Date