

CGAA Waiver Form

(This form is to be completed by a parent/guardian of all first time GCAA participants)

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

- | | |
|--|-----------------------------------|
| <input type="checkbox"/> Co-ed Soccer | <input type="checkbox"/> Baseball |
| <input type="checkbox"/> Girls Volleyball | <input type="checkbox"/> Softball |
| <input type="checkbox"/> Girls Basketball | <input type="checkbox"/> Track |
| <input type="checkbox"/> Boys Basketball | <input type="checkbox"/> Golf |
| <input type="checkbox"/> Girls Cross Country | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Boys Cross Country | |

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.

Signature of Parent

____/____/____
Date

Signature of Athletic Director

____/____/____
Date