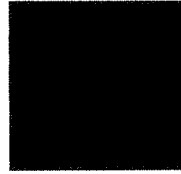


**SAVANNAH CHRISTIAN PREPARATORY SCHOOL
ATHLETIC DEPARTMENT**

1599 Chatham Pkwy
P.O. Box 2848
Savannah, GA 31402-2848

(912)234-1653
(912)234-0491 Fax

Roger Yancey
Headmaster



Doyle Kelley
Principal

Ashley Barnwell
Athletic Director

PARENTAL PERMISSION AND RELEASE FORM

Student's Name _____

Homeroom Grade & Section _____

We hereby give permission for our child to participate in the athletic/extracurricular activity program of Savannah Christian Preparatory Upper School.

We understand that injuries may occur while participating in these programs and we will not hold Savannah Christian nor its coaches, faculty or staff liable for any expenses thereof.

We also understand that SCPS provides student accident insurance at no cost to us and that this insurance is a SUPPLEMENTAL PLAN and is subject to a DEDUCTIBLE, LIMITATIONS AND EXCLUSIONS which may result in balances owed by the parents. We further understand that this supplemental policy is designed to compliment our family coverage (private or group policy), and that a copy of its provision will be available from the school office.

Parent's Signature _____

Parent's Signature _____

Student's Signature _____

Date _____