



HARMONY SCIENCE ACADEMY-GP

1102 NW 7th St Grand Prairie, TX 75050 ♦ Tel: 972.642.9911 ♦ Fax: 972.642.9922

Athletic Release Form

Dear Parents,

Harmony Science Academy will be participating in competitive athletic events throughout the 2011-2012 school year. In order for your student(s) to be eligible for athletic competitions, they must fulfill the following guidelines:

- Physical Examination By A Physician
- Sign and Return Athletic Release Form
- Maintain A 70 Average In Every Academic Class
- Maintain less than 10 DPS to participate
- Have less than 30 DPS to tryout

The HSA Athletics Program will be actively competing against other local school sports programs. Harmony Science Academy will be competing in the Harmony Athletic League during the 2011-2012 school year. Many of the local schools that HSA will be competing against are part of the Texas Association of Private & Parochial Schools (TAPPS). When competing against these schools, HSA is required to follow the official rules and regulations set by TAPPS. Harmony Science Academy wants to be represented well in order to continue our athletic relationships with these districts. Our actions should always respect others and comply with the Harmony Science Academy Handbook.

Harmony Science Academy wants to develop school pride. One way to develop this is to support HSA in our Athletic Competitions. We expect hard working, dedicated individuals who want to succeed in the classroom and in athletic competition.



Contact Phone: (972)642-9911

Teacher's Name
Position

Mr. Koerner & Mr. Engelhardt
Physical Education/Athletics HSA-GP

Please fill this paper out and have your child to return it to their homeroom teacher.

PARENT-STUDENT APPROVAL FORM

Student Name: _____ Grade/Section: _____

I, _____ (student's name) pledge to abide by all district policies of the Harmony Science Academy School District handbook. I understand that I am governed by the same rules during athletic competitions as when I am at school. Any failure to adhere to these policies will result in disciplinary action.

(Student Signature) Grade/Section: _____

This is to certify that _____ (student's name) has my permission to go on all athletic events listed with the HSA Athletics program.

I give permission for my student to walk with a coach to the Grand Prairie High School track/football field for practice after school. _____

By signing this form parent(s) give(s) consent to his/her child to take the transportation provided by school, teacher, or designated parent. Means of transportation could be any public, rental, or private vehicles driven by an adult.

(Parent Signature) Date

PERMISSION SLIP/MEDICAL RELEASE FORM

We (I), the parent (s)/guardian of _____ understands and agree that the trip is a school sponsored activity and function. This release is intended to cover all injuries of every name, type, kind or nature, and personal property damage, if any, which may be sustained or suffered from any cause connected with or arising out of, or from participation in the listed events. I understand I am responsible for transportation costs if my child is required to return home for disciplinary measures. I understand I will be given a choice of mode of transportation to be used.

Emergency Medical Release Form

Student Name _____

Parent/Guardian _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Emergency Contact/Phone _____

Insurance Company/Policy/Group # _____

Doctor's Name/Number _____

Blood Type _____ Known Allergies _____

Medication _____

Any Additional Medical Information _____

In case of emergency, I authorize emergency treatment to be administered if I cannot be contacted.

Parent/Guardian Signature Date