

**Websterville Christian Academy (2022-2023)  
Authorization Release Form / Permission to Participate Form**

Websterville Christian Academy (WCA) has a website ([wcavt.org](http://wcavt.org)) and Facebook page, which includes information about our school. May we include photos/videos of your student(s) on our sites? This may include, but not limited to: Social Media (Facebook, Instagram, etc.), Yearbook, and/or other school publications.

Please fill out for each student living in your home:

- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Websterville Christian Academy (WCA) participates in various school activities to include but not limited to: intramural, interscholastic sports, school-sponsored trips away from school premises, and recreational activities during the school year. May we have permission for your student(s) to participate? By filling out the information below, you acknowledge that your student(s) has no known physical defects or conditions, which should prevent their participation in such activities. *If injury or illness is suffered by my/our student(s) during such activities, while traveling to or from the activities, and I/we cannot be contacted, Websterville Christian Academy is authorized to consent to any emergency medical, dental, surgical or optical treatments, operations or other procedures recommended. I/we authorize any such procedures and will pay, indemnify and hold harmless for the consequences of such procedures.*

Please fill out for each child living in your home:

- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- Yes  No **(Students' Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_
- Yes  No **(Student's Name):** \_\_\_\_\_ **Grade:** \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_