POTENTIAL CHRISTIAN ACADEMY

After-School Sports Transportation Permission Slip

Volleyball — 2026–2027 Season

Welcome to PCA **Volleyball**!

At Potential Christian Academy, we are thrilled to provide our student-athletes with opportunities to grow athletically, spiritually, and as members of our school community. This permission slip authorizes your student to participate in away games during the 2026–2027 volleyball season with transportation provided by PCA through a third-party vendor.

Tournament & Game Coverage

This permission slip covers:

FHSAA (Florida High School Athletic Association) sanctioned games

SSAL (Small School Athletic League) sanctioned games, as applicable

School-sponsored athletic competitions

Transportation Details

PCA arranges transportation through carefully selected, licensed third-party vendors who maintain appropriate insurance coverage and follow all Florida Department of Transportation regulations. Drivers meet Florida licensing and background screening requirements.

Acknowledgment of Risk & Release of Liability

I/We acknowledge that participation in athletic activities, including transportation to and from games, involves certain risks including but not limited to: travel-related injuries, athletic injuries, and unforeseen accidents.

I/We assume full responsibility for any and all injuries or damages that may occur during participation. I/We and my/our descendants hereby release, discharge, and hold harmless Potential Christian Academy, its trustees, officers, employees, agents, and the third-party transportation vendor, their employees and agents, from any and all claims, liabilities, actions, damages, or expenses arising from my/our student's participation in athletic activities and transportation.

Medical Authorization & Emergency Procedures

I/We authorize the coach and athletic director to make decisions regarding immediate medical care in the event of injury.

Student & Parent Information

Student Name: _____

Grade Level: _____ Date of Birth: _____

Emergency Contact Information

Primary Contact Name: _____

Relationship: _____ Phone: _____

Secondary Contact: _____

Secondary Phone: _____

Medical Information

Allergies / Medical Conditions / Medications:

_____

_____

Insurance Information

Insurance Company: _____ Policy #: _____

Parent/Guardian Acknowledgment & Signature

I/We have carefully read this permission slip and fully understand the terms. I/We acknowledge the risks associated with athletic participation and transportation. I/We give permission for my/our student to participate in volleyball activities and to be transported by the school's designated third-party vendor.

Parent/Guardian Name (Print): _____

Parent/Guardian Signature: _____ Date: _____

Student Acknowledgment

I have read and understand this permission slip and agree to follow all school safety guidelines during transportation and athletic competition.

Student Name (Print): _____

Student Signature: _____ Date: _____

This permission slip is valid for the entire 2026–2027 volleyball season. Should any information change, please notify the Athletic Director immediately.

Questions? Contact the PCA Athletic Department