



**GATEWAY**  
**BAPTIST ACADEMY**

170 E. Pony Lane Gilbert, AZ 85295 Tel 480.857.0455 Fax 480.214.0257

## PHYSICAL EDUCATION PERMISSION & WAIVER FORM

I would like to give my child \_\_\_\_\_ permission to  
(student name)  
participate in the Physical Education classes of Gateway Baptist Academy. I  
understand that my child will be expected to perform exercises and activities  
conducive to gaining and maintaining good physical health. I will not hold Gateway  
Baptist Academy (its faculty and staff) responsible for any injury incurred during the  
class. Furthermore, my child has undergone a general sports physical exam which  
has indicated that he/she is fit for the rigors of a Physical Education class.

\_\_\_\_\_  
Parent Name (Please Print)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Physical Education Teacher (Please Print)

\_\_\_\_\_  
Physical Education Teacher Signature

\_\_\_\_\_  
Principal (Please Print)

\_\_\_\_\_  
Principal Signature

**THIS IS A LEGAL DOCUMENT**