



Parent Permission FOR ATHLETICS

Student Athlete _____ Grade _____ Date _____

Mailing Address _____

Phone 1) _____ 2) _____ Male _____ Female _____

SPORT(S) _____

PARENTAL CONSENT STATEMENT

- I hereby give my permission for my child whose name appears above to participate in the sport(s) listed at Bible Baptist Christian Academy. I give permission for him or her to participate in practices, drills, and competition, realizing that such activities could result in an injury. I acknowledge that even with proper supervision that injuries are still possible.
- I further acknowledge and understand the potential dangers of his/her participation in interscholastic athletics including possible death or disability, and I assume any medical responsibilities beyond that covered by insurance in the case of injury to my child. I also authorize responsible medical authorities to perform necessary emergency care in my absence.
- The physical and physical form was completed and signed by a licensed physician. I further understand that the physical examination is good for one school year.
- I give my consent for my child to be transported by Bible Baptist Christian Academy vehicles driven by an adult while he/she is involved in a school sponsored activity.
- I understand that my child's conduct will be held to the highest standard. This means on or off campus or in or out of season. If negative conduct takes place, whether at an athletic event, during school or out-of-school, this could result in dismissal or discipline as deemed necessary by the administrator, athletic director, and/or coach of that sport.
- I, the parent/guardian, accept on behalf of my child, and assume any risks and all responsibility for losses, costs, and damages I incur or my child incurs as a result of my or their participation in the activity.
- I give permission for the following individuals to pick up my child from Bible Baptist Christian Academy following a game or practice. (Parent or guardian please list all possibilities.)

Please include names of authorized pick-up individuals, contact information, and driver's license numbers:

Pick-Up #1	Pick-Up #2	Pick-Up #3
_____	_____	_____
_____	_____	_____
_____	_____	_____

INSURANCE INFORMATION

Please check one of the following:

- I have personal insurance and assume all responsibility for medical cost.
- I have no personal insurance but will assume responsibility for medical cost.

PARENT/GUARDIAN PRINTED NAME

PARENT/GUARDIAN SIGNATURE

DATE