

ATHLETIC PARTICIPATION FORM

INTERSCHOLASTIC SPORTS

STUDENT LAST NAME

STUDENT FIRST NAME

GRADE

Please select all that apply. (Forms and information located on BJA's website under Resources.)

- I have completed the Trip Permission Form.
- I have read and agree with the statements on the SCACS waiver. (This is only for students participating in SCACS.)
- Both my child and I have read and agree to the protocols listed on the Concussion Fact Sheet.
- I have family medical insurance. (Please note that a student may not participate in the athletic program if he or she does not have medical insurance.)

Furthermore, I accept complete responsibility for the cost of any medical treatment made necessary by my child's participation in the school's athletic program. I agree to keep my insurance current during the entire school year while my child is participating in school athletics. I further agree to hold the school harmless for any injury or illness arising out of my child's participation in the school's athletic program.

PARENT OR GUARDIAN'S SIGNATURE

DATE

Please note a student's official eligibility to participate in the athletic program is based on the following:

1. The trip permission and above athletic form are completed and signed by parents.
2. A current sports physical signed by a physician is submitted.