

BROADFORDING CHRISTIAN ACADEMY
ATHLETIC DEPARTMENT
Parental Consent Form

Permission is hereby given for (student name) _____ Grade _____ to participate in (Name of Sport) _____ practices, scrimmages, team-sponsored activities, and home & away games for the school year _____/_____.

Participants are required to operate under the guidelines as outlined in the BCA Student Athlete Handbook.

There is an Athletic Fee that will be billed to your BCA account once permission is given for your student to play. If the fee is not paid in 30 days as stated on your BCA Statement it may be subject to a \$25.00/month service charge. **Athletic Fees will be billed as follows: 5th-8th grade \$40.00 / 9-10th grade \$45.00 / 11-12 \$50.00.**

In case of a medical emergency, please contact (Name) _____ at (Home Phone) _____ (Cell Phone) _____.

However, in the event that I cannot be reached, I authorize Broadfording Christian Academy to make emergency medical care decisions on behalf of my child. I give my consent and authorization to any emergency medical personnel, medical doctor or hospital to render such aid, treatment or care to my child named above as, in the judgment of said emergency medical personnel, doctor or hospital, may be required on an emergency basis.

I understand that Broadfording Christian Academy and its employees will not be responsible for medical expenses incurred solely on the basis of this authorization. I understand that as parent/guardian, I accept full financial responsibility for any and all medical expenses incurred. I certify that this student is in good health and I know of no physical conditions, which by participation, would endanger the student's health.

I hereby release, discharge and waive all claims and causes of action against all coaches, teacher, athletic director and staff members of Broadfording Christian Academy, as well as the school itself from any damages or injuries that might be incurred during any team practice, game, meeting, or during transportation to and from team activities.

Insurance information:

Child's Primary Insurance Provider: _____
Name of Policy Holder: _____ Member #: _____

Medical Information:

My child has the following allergies: _____

My child is taking the following medication: _____

Transportation Permission:

My child has permission to (**Check All that Apply**):

- Ride in Broadfording Christian Academy provided transportation for all activities.
- Ride with other parents who are providing transportation.
- Drive his or her vehicle to the sponsored activity (student must have a valid BCA Driving Permit on file at the school, and is not permitted to transport anyone but his/her own siblings.)

I acknowledge that the above information is correct and I agree to abide by the terms and conditions listed above. I also understand that it is my responsibility to advise BCA of any changes in the information listed above.

I give my child listed above my permission to participate in this sport.

I understand that I am responsible for paying the fees listed above for this activity and that this amount will be billed to my BCA Account and could be subject to service charges if paid late.

Parent Signature: _____ Date: _____
