

OPEN BIBLE CHRISTIAN ACADEMY - ATHLETIC PERMIT FORM (as of 7/16/08)

Name of Student: _____

Grade _____

Date of Birth _____ Age _____ Home Phone _____

Complete

Address: _____

Mother's name _____ day time phone _____ cell phone _____

Father's name _____ day time phone _____ cell phone _____

Dear Parent or Guardian:

In order that your son, daughter, or ward may participate in various school athletic activities other than those carried on as part of the regular physical education class program, it will be necessary for you to give your written consent.

Permission is given for son, daughter, or ward to participate in _____ (name of sport)

It is understood that time after school will be required for practice and competition. The school will provide proper and reasonable supervision at practice and games and travel to such practice and games. Beyond this point of proper supervision, the school cannot assume responsibility for injuries.

A student is financially responsible for the replacement cost of athletic equipment and uniforms which are not returned within 10 (ten) days after the close of a given season.

In addition, it is recognized that the student must comply with the eligibility regulations governing Open Bible Christian Academy athletics.

In order to participate in interscholastic activities, the student must have accident insurance coverage in effect (please check below).

_____ Blue Cross/Blue Shield _____ (policy number)

_____ Other commercial insurance _____ (name and policy number)

In an emergency, if parents cannot be contacted, notify:

Name _____ (phone) _____

Family Doctor _____ (phone) _____

Preferred Hospital _____ Known allergies _____

The team coach may apply first aid treatment until the family doctor can be contacted _____ (yes) _____ (no). We give our consent for the coach to use his/her own judgement in securing medical aid and ambulance service in case the parents cannot be reached. _____ (yes) _____ (no).

I have read the above statements and hereby give my written consent.

Date _____ Mother's signature _____

Father's signature _____