



**Mount Airy Christian Academy**

*"cultivating strong minds and passionate faith"*

**Athletic Participation Form 2014/2015**

Student-Athlete Name (Please Print):		Date:
<b>Request for Permission:</b> We, the undersigned student and the student's parent/guardian, apply for permission to participate in athletics in the following sport(s):		
<input type="checkbox"/> Basketball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Soccer <input type="checkbox"/> Volleyball <input type="checkbox"/> Track and Field <input type="checkbox"/> Cross-Country <input type="checkbox"/> Baseball <input type="checkbox"/> Wrestling		
<b>General Requirements</b> – We have read and discussed the general requirements for athletic eligibility. We understand that additional questions or specific circumstances should be directed to the coach or the Athletic Director.		
<b>Safety</b> – For the safety of the student-athlete and the team, we understand that the student-athlete agrees to follow all rules given by the coach, to immediately report any unsafe practices, conditions or equipment, and to report any injury to the coach on the day that it occurs. We certify that the student-athlete is physically fit to participate in the sport(s) and understands that he/she is free to discontinue activity at any time he/she feels undue discomfort or stress.		
<b>Risk of Injury</b> – We acknowledge and understand that there is a risk of injury involved in athletic participation. We understand that the student-athlete will be under the supervision and direction of a MACA athletic coach. We agree to follow the rules of the sport and the instructions of the coach in order to reduce the risk of injury to the student and other athletes. However, we acknowledge and understand that neither the coach nor MACA can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases may result in permanent disability and even death. We freely, knowingly, and willfully accept and assume the risk of injury that might occur from participation in athletics.		
<b>Release</b> – In consideration of MACA allowing the student-athlete to participate in athletics, we agree to release and hold MACA, its coaches and other employees free, harmless, and indemnified from and against any and all claims, suits or causes of action arising from or out of any injury that the student-athlete may suffer from participation in athletics other than an injury resulting from gross or willful negligence.		
<b>Insurance</b> – All students who participate in athletics must be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force and effect during the student-athlete's participation the following insurance policy:		
Insurance Company:		Policy No:
Street Address:		Group No:
City:	State:	Zip Code:
<b>CERTIFICATION AND MEDICAL AUTHORIZATION.</b> We certify that all the information provided by us on this form is correct. We agree to abide by the school rules. If the student-athlete is injured while participating in athletics and MACA is unable to contact the parent, we grant MACA permission and authority to obtain necessary medical care and/or treatment for the student's injury. Treatment may include, but is not limited to first aid, CPR, medical or surgical treatment recommended by a physician. We further agree to permit our child to be transported to a medical facility by ambulance or other commercial vehicle. We accept the financial responsibility for such medical care or treatment.		
<b>We, the undersigned student and parent, have read this document and understand all the expectations for athletic participation at my school.</b>		
Student:		Date:
Parent/Guardian:		Date:



## Athletic Emergency Medical Authority Form

STUDENT'S NAME:		DATE OF BIRTH:	
(Last)	(First)	(Initial)	
Address:			
Doctor:		Phone:	
Insurance Company:	Phone:	Policy #:	
<p>I consent and authorize MACA personnel to take whatever reasonable steps he/she deems necessary in order to provide emergency medical care for my child. I further agree to permit my child to be transported to a medical facility by ambulance or other commercial vehicle.</p>			
Known allergies/additional medical information:			
Date of Last Tetanus Shot:			
Parent Name:		Home #	
Parent Signature:		Work #	
Date:		Cell #	
Parent Name:		Home #	
Parent Signature:		Work #	
Date:		Cell #	
Other Contact		Home #	
Relationship:		Work #	
		Cell #	