Barry County Christian School
2999 McKeown Rd., Hastings, Michigan, 49058 * 269.948.2151 * www.bccsk12.com * office@bccsk12.com

Athletic Permission Form – Non-Varsity Sport
Required Each Year

PART I Parent permission (only one (1) form per school year is required).

School Year _____

Student's Name _____ Grade _____ Date of Birth _____/_____/_____

I know that Barry County Christian School will in no way assume the responsibility for any injuries sustained to any player, cheerleader, manager, statistician, etc., traveling to, from or participating in scheduled games and practices. I also understand that each sport/activity has its own inherent dangers and potential injury.

I hereby give consent to the above-named student to participate in the following sport(s) (check all that apply)
❑Baseball ❑Basketball ❑Soccer ❑Volleyball

1. I agree to ALLOW MY STUDENT TO TRAVEL with the school athletic teams at my own risk. Further, neither the school, drivers, nor faculty will be liable to any suit whatsoever resulting from any, or in, any of the practices, games, or travel.
2. I realize that the primary INSURANCE COVERAGE, if any injury should occur, would be my responsibility.
3. I am also aware that PHYSICAL EXAMINATIONS are the parents' responsibility to schedule in order to clear the student for athletic and cheerleading participation. Evidence of the physical examination (as recorded at the bottom of this form) must be given to the school **before** a student participates in any practice, athletic event, or summer sports program.

_____ _____
Parent/Guardian Signature Date

_____
Parent/Guardian Printed Name

In case of emergency, please provide the phone numbers required below:

Home Phone		Father's Business/Cell		Mother's Business/Cell		Other Relative
( )		( )		( )		( )

PART II – Medical Information

Circle One **Please explain all "Yes" answers**

Yes No 1. Has had injuries requiring medical attention _____
Yes No 2. Has had illness lasting more than a week _____
Yes No 3. Is under physician's care now _____
Yes No 4. Takes medication now. Please list medication and dosage _____
Yes No 5. Wears glasses (contact lenses yes no) _____
Yes No 6. Has had a surgical operation _____
Yes No 7. Has been in hosp ital (except tonsillectomy) _____
Yes No 8. Any known reason why the student should not participate in all sports? _____
_____
9. Most recent tetanus toxin immunization date _____
10. List known allergies _____
11. List any chronic disease _____