

**BETHESDA CHRISTIAN ACADEMY
PERMISSION TO PARTICIPATE**

ATHLETE _____

SPORT(S) _____

ADDRESS _____

PHONE _____ BUSINESS PHONE _____ GRADE _____

I (We) hereby permit my (our) son/daughter to participate on the _____ Team and to engage in all activities related to the team, including, but not limited to, trying out, practicing, and playing in competitions. I (We) understand and assume all risks, which may include, but are not limited to sprains, fractures, ligament or cartilage damage, neck and spinal injuries, and serious injury to muscles, internal organs, and/or brain, associated with said participation. I (We) also recognize the importance of coaches' instructions regarding playing techniques, training guidelines and team rules. As part of this agreement to permit my (our) son/daughter to participate on the above team(s), I (We) will not hold Bethesda Baptist Church, Bethesda Christian Academy or it's employees responsible in case of any reasonable accident or injury, whether caused by actual participation in the sport activity or as a result of vehicular accident traveling to or from the place of competition. I (We) also agree to provide the school the following forms and information:

_____ Physical Examination Form

_____ Emergency Medical Authorization

_____ Permission to Participate

I (We) acknowledge that we have been properly advised, warned, and cautioned by the administration and coaching personnel of Bethesda Christian Academy that participation in athletics can result in an athlete suffering serious injury. Having been so cautioned and warned, with full knowledge and understanding of the risk of serious injury from participation in athletics, it is our desire to consent to my (Our) son's/daughter's participation.

Parent/Guardian's Signature

Date

Athlete's Signature

Date