

# Athletics Parent/Student Agreement and Permission Form

*2021-2022 School Year*

*Student Agreement*

I, \_\_\_\_\_, acknowledge that I have read and understood the ACA Athletic Manual and am willing to adhere to the philosophy and expectations stated within it as I participate in ACA Athletics during the 2021-2022 school year.

Student Athlete's signature \_\_\_\_\_ Date: \_\_\_\_\_

*Parent Agreement*

I, \_\_\_\_\_, acknowledge that I have read and understood the ACA Athletic Manual and am willing to allow my child to participate in ACA Athletics during the 2021-2022 school year. I understand that my child will be held to the standards and guidelines stated within it.

Parent/Legal guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

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*Medical Permission for (Student's Name):* \_\_\_\_\_

By its nature, participation in interscholastic athletics includes risk of injury which may range in severity from minor to disabling to even death. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Participants have the responsibility to help reduce the chance of injury. Participants must obey all safety rules, report all physical problems to their coaches, follow a proper conditioning program, and inspect their own equipment daily.

"I give permission for the above-named student to participate fully in all activities and travel related to participation in Arrowhead Christian Academy athletics. I further agree not to hold Arrowhead Christian Academy or anyone acting in its behalf responsible for any injury occurring to the above-named student in the proper course of such athletic activities or travel."

By signing this Permission Form, we acknowledge that we have read the above information. PARENTS OR STUDENTS WHO DO NOT WISH TO ACCEPT THE RISKS DESCRIBED IN THIS WARNING SHOULD NOT SIGN THIS PERMISSION FORM.

Student Athlete's signature \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Legal guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

*Please complete the medical and insurance information on the other side of this form.*  
**Emergency Medical Authorization**

This form must be made available by the coach at all team practices and games for each team member to ensure proper medical treatment by physicians or hospital in the event of serious injury.

Athlete's Name: \_\_\_\_\_

Birth Date \_\_\_\_\_ Grade \_\_\_\_\_ Sex \_\_\_\_\_

Parents' Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_

In the event the parents cannot be contacted, please contact:

\_\_\_\_\_ at phone # \_\_\_\_\_

List sports the above-named athlete plays:

- \_\_\_\_\_
- \_\_\_\_\_

Drug allergies or other allergic reactions: \_\_\_\_\_

I hereby give my consent for medical treatment deemed necessary by physicians designated by school authorities and/or for transportation to a hospital emergency room for treatment for any illness or injury resulting from his/her athletic participation.

Preferred physician \_\_\_\_\_

Preferred hospital \_\_\_\_\_

I understand this authorization will only be enforced when I cannot personally be contacted and provide for immediate treatment.

Parent/Legal guardian's signature \_\_\_\_\_ Date: \_\_\_\_\_

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*Insurance Information*

Name of Insurer \_\_\_\_\_

Policy and/or group number \_\_\_\_\_