



## 2019-20 Athletic Participation Authorization

### K - 4<sup>th</sup> GRADE JUNIOR BASKETBALL

Please check:  K – 2<sup>nd</sup> Grade  3<sup>rd</sup> - 4<sup>th</sup> Grade

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_

Parent EMAIL \_\_\_\_\_ Athlete EMAIL \_\_\_\_\_

Date of Physical Exam (required once every 12 months) \_\_\_\_\_

Shirt Size Youth Adult XS \_\_\_\_\_ S \_\_\_\_\_ M \_\_\_\_\_ L \_\_\_\_\_ XL \_\_\_\_\_

#### **Emergency Phone Numbers:**

Father's Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

Mother's Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

#### **Emergency Contact (other than the above):**

Name \_\_\_\_\_ Home \_\_\_\_\_ Cell \_\_\_\_\_ Work \_\_\_\_\_

#### **Emergency Medical Information:**

Student's Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Student's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Please list all **allergies** to: (if none, please state NONE in the appropriate blank)

Medications: \_\_\_\_\_ Foods: \_\_\_\_\_

Insects: \_\_\_\_\_ Other: \_\_\_\_\_

Does your child have any **medical condition** or **asthma**? \_\_\_\_\_ If so, please describe: \_\_\_\_\_

#### **Medications:**

Please list all medications, including inhalers, prescribed to your child, as well as dosages and frequency of use:

#### **Insurance Coverage:**

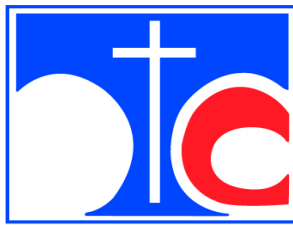
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Name of Subscriber \_\_\_\_\_

**Program Fee Schedule: Registration Form, Physical Clearance Form (from doctor) and Payment must be turned in by December 20<sup>th</sup>**

K – 2<sup>nd</sup> Grade: \$40.00 Per Athlete

3<sup>rd</sup> - 4<sup>th</sup> Grade: \$60.00 Per Athlete



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### K - 4<sup>th</sup> GRADE JUNIOR BASKETBALL

#### **Permission to Participate:**

I give permission for my child \_\_\_\_\_ to participate in TCCA's Junior Basketball Program. I hereby verify that a completed physical examination has been conducted and report form has been submitted to TCCA Athletics. Yes/No

I hereby verify that my son/daughter has been cleared by a physician to participate in sports with no restrictions, please attach written confirmation. Yes/No

If no, restrictions are: \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Permission to Treat:**

I give permission to TCCA and its employees and/or coaches to treat minor injuries or to transport my child to the nearest medical facility via ambulance in the event of a more serious injury or illness. I understand that the TCCA employees and /or coaches will use their best judgment in treating my child. I will make every effort to be available by phone while my child is participating in this sport and will provide TCCA with updated phone numbers as they change.

I also give permission to TCCA and its employees and/or coaches to give my child acetaminophen (Tylenol) or Ibuprofen should he/she require it.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_

#### **Release:**

I/we acknowledge that participating in sports can be dangerous activities involving many risks or injury. In consideration of my child being allowed to participate in competitive sports, and intending to be legally bound, I/we do hereby release and forever discharge Tri-City Christian Academy (TCCA), its Board, officers, employees, coaches, administrators, and volunteers from any/all liabilities, claims, losses, demands, costs, expenses, or rights of action, of whatever kind or nature, which I/we have or which may hereafter accrue to me/us against TCCA, by reason of injuries sustained by my child participating in sports or in transit to or from participation in sports. I/we agree, for myself/ourselves and successors, that this Agreement and Release of Liability contains the entire agreement between myself/us and TCCA and that the terms hereof are contractual and not a mere recital.

**Signature of Parent/Guardian:** \_\_\_\_\_ **Date:** \_\_\_\_\_