

**SPRING BAPTIST ACADEMY**  
**Athletic Participation Form**

Student's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

In accordance with the SBA Guidelines, students are eligible to represent their school if they:

1. Have passed a physical examination given by a physician or medical screening and have written acknowledgement of their parent/guardian for athletic participation.
2. Are academically eligible, following current eligibility guidelines.
3. Follow training rules, which include not using any tobacco, drugs, or alcohol.

I hereby give my consent for the above student to compete in the SBA and travel with the coach or other school representative on any trips.

It is understood that even though protective equipment is worn by the athlete whenever needed, the possibility of an accident still remains. SBA does not assume any responsibility in the event an accident occurs.

The undersigned agrees to be responsible for the return of all athletic equipment issued by the school to the above named student. The parent/guardian will be responsible for any equipment lost or deemed by the Athletic Director to be abused and needing repair or replacement.

I have completed the information on this form to the best of my knowledge. I have read and understand the rules, and I agree to permit my child to participate under these conditions.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

I have read and understand the rules and agree to abide by them.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

**EMERGENCY INFORMATION**

Parent/Guardian Name(s) \_\_\_\_\_ Home Phone \_\_\_\_\_

Father Work # \_\_\_\_\_ Cell# \_\_\_\_\_ Mother Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Person to contact in case parents cannot be reached:

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

Name of Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Allergies \_\_\_\_\_ Routine Medications \_\_\_\_\_

Comments, special considerations \_\_\_\_\_

**I hereby authorize the TLS athletic staff to allow the following persons to transport my child(ren) to and from sporting events:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If, in the judgment of any representative of the school, the above student should need immediate care and treatment as a result of injury or sickness, I do hereby request, authorize and consent to such care and treatment as may be given to said student by any licensed physician, trainer, nurse, hospital, or school representative. I do, hereby, agree to indemnify and hold harmless the school and any school representative from any claim by any person as a result of such care and treatment.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_