



WEST BAY Christian Academy

DISTINCTIVELY CHRISTIAN, ACADEMICALLY EXCELLENT

Medical Release/Permission Form 2019 – 2020

This form is only good for **ONE SCHOOL YEAR**; therefore, **EVERY athlete MUST** turn in a new form each year. All athletes must turn in a completed form **BEFORE** they can practice or try out for any sport.

ATHLETE'S FULL NAME _____

BIRTHDATE ___/___/___ SEX: M or F AGE ON 09/01/19 _____ GRADE IN 2019/2020 _____

ADDRESS, CITY, ZIP CODE _____

HOME PHONE NUMBER _____

FATHER'S NAME _____ WORK # _____

CELL NUMBER _____ **E-MAIL ADDRESS** _____

MOTHER'S NAME _____ WORK # _____

CELL NUMBER _____ **E-MAIL ADDRESS** _____

ALTERNATE EMERGENCY CONTACT _____

PHONE _____ RELATIONSHIP _____

INSURANCE INFORMATION: Insurance Name _____

Policy _____ Group # _____

ALLERGIES OR MEDICINES ATHLETE IS ALLERGIC TO _____

ATHLETE IS PRESENTLY TAKING THE FOLLOWING MEDICINES _____

THE SCHOOL DOES NOT CARRY ACCIDENT INSURANCE. IT IS THE RESPONSIBILITY OF EACH FAMILY TO COVER ANY MEDICAL EXPENSES.

ALL STUDENT ATHLETES MUST HAVE INSURANCE

PARENT'S STATEMENT: I hereby give my consent for the above-named student to compete in sports. I authorize the student to go with, and be supervised by, a representative of the school on any trips. In case this student becomes ill or is injured, I authorize WBCA personnel to have the student treated and I authorize the medical agency to render treatment. I understand that school personnel will endeavor to reach me should the nature of the injury or illness warrant it. However, I will not hold school personnel responsible if efforts to contact me are unsuccessful.

Date ___/___/___ Parent's Signature _____

PERMISSION TO USE PRIVATE TRANSPORTATION: I hereby give my permission for the above-named student to ride with another parent or coach to practices and/or games.

Date ___/___/___ Parent's Signature _____