

NCA Statement of Athletic Liability and Insurance Parental Permission Form 2018-19

Date: _____

Student/Athlete Name: _____ Grade: _____

Sport(s): _____ T-Shirt Size: _____ Shorts Size: _____
(You may indicate "All Sports" to remain on file for entire school year) (Size: Y=Youth, A=Adult + Small – XXLlarge (ie. AS=Adult Small))

Parent's Home Phone: _____ Mobile: _____ Work: _____

Parent's E-Mail address: _____

Student/Athlete E-Mail address: _____

Although there are many positive benefits to participation in athletics, it must be clearly stated that there are risks and dangers that accompany participation in any sporting activity. The purpose of this form is to clearly state that by allowing your child to participate in a sporting program, you are acknowledging the fact you are putting him/her in a potentially dangerous situation that may result in an injury. Students and parents must both understand and accept the risk that participation in sports brings.

Statement of Liability and Insurance

In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release Novi Christian Academy, a ministry of Brightmoor Christian Church, it's officers, board members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the above-named child resulting directly or indirectly from my child's participation in the activities. I also acknowledge that I have received concussion educational information that meets Michigan Department of Health and Human Services and MHSAA requirements.

Further, I hereby certify that the above-named child is covered with insurance for accidental injury and medical insurance as listed on back.

Further, I hereby authorize any leader, volunteer or paid, of the Novi Christian Academy to transport my child to and from the sporting event or practice, if transportation is necessary as listed on the back of this form.

Further, I hereby authorize any leader, volunteer or paid, of the Novi Christian Academy to transport my child as needed in order to obtain any medical treatment from any licensed physician, surgeon, dentist, or medical treatment center and grant permission for any emergency treatment, procedure, or medicine to be administered to my child. Any known allergies or information for emergency treatment is listed on the reverse side of this form. Also listed is medication my child takes on a regular basis.

Further, I understand and accept full liability and responsibility for the payment of all expenses incurred for any medical treatment rendered to my child including ambulance services, hospital care, doctors, dentists, or any medical treatment center. This is applicable for emergency treatment and any medical expenses related to the injury at any future date.

I hereby state that I have read the aforementioned statement of athletic liability and grant my child permission to participate in the athletic program at NCA.

Signature of Parent or Legal Guardian

Date

(Please turn over and complete all sections on back)

Medical Insurance Information

Parent's name: _____ Athlete's Date of Birth _____
Please print

Insurance Co.: _____ Policy #: _____

Any known allergies (food, drug, etc.) or other preexisting medical conditions of which the coach should be aware:

Please note: you may want to have this permission slip notarized to assure hospital's admittance of your child.

Transportation

I give my son/daughter _____ permission to ride in NCA provided transportation which may include, but is not limited to parents, coaches, teammates, and/or my son/daughter's own vehicle.

_____ Date _____ Parent/legal guardian signature

You must fill out box below, if there is any possibility you and/or your son/daughter may transport athletes:

I, _____ (please print your name) have a valid Michigan driver's license that is not suspended, no pending moving violations, working seat belts, and automobile insurance coverage on the vehicle that I will be driving.

Signature: _____ Auto Insurance: _____

Booster Club Commitment Policy

I understand that my child's participation in sports at NCA requires a contribution of my time as well. I understand that I will be scheduled to work concessions during my child's playing season and that the *number of times will vary each season depending upon the number of home games and the number of athletes participating*. I further understand that if I fail to work or find a replacement for my scheduled shift(s), my NCA account will be billed \$100/shift.

Signature: _____ Date _____

Uniform Agreement

Novi Christian Academy's Athletic Department provides uniforms for use by students who are members of a Team. It is expected that students who borrow the uniforms treat them with care and return them on time and undamaged except for ordinary wear and tear.

While the uniform is in our possession, we agree that the uniform and its accessories will be properly maintained. We will pay the cost to repair damages, ordinary wear and tear accepted. We agree that the student will not permit this uniform to be worn by anyone else and that he/she will not leave it where others might use it. Upon request by the coach, athletic director, or school principal, we will return the uniform and accessories on time and in the same condition as when borrowed, normal wear and tear accepted. We also agree that, should the borrowed uniform be lost, stolen, or not returned, when asked, for any reason, we will pay Novi Christian Academy the cost of replacement.

My account will be billed and RenWeb will be restricted if the uniform is not returned at the designated time

Signature: _____ Date _____