



ATHLETIC PARTICIPATION FORM

STUDENT INFORMATION: _____
 NAME AS IT APPEARS ON BIRTH CERTIFICATE. GRADE DATE OF BIRTH

RESIDENCE: _____
 STREET ADDRESS CITY, STATE, ZIP CODE HOME PHONE

INSURANCE INFORMATION: _____
 (needed to participate) COMPANY NAME POLICY NO.

EMERGENCY MEDICAL TREATMENT/STUDENT PARTICIPATION PERMISSION

I hereby authorize the school to obtain, through a physician of its own choice, any emergency care that may become reasonably necessary for the student in the course of athletic activities or travel. Payment of all charges incurred for medical treatment is guaranteed by me or the insurance company providing coverage for the above-named student.

The undersigned, as parent or guardian, gives consent for the athlete identified to engage in athletic activities, including team travel for local or out-of-town trips. I understand that athletic participation is a privilege, not a right. Athletes may participate in funding projects and support programs designed to offset the cost of sporting events, referees, equipment, etc.

Participation in competitive athletics may result in severe injury, including paralysis or death. Improvement in equipment, medical treatment and physical conditioning, as well as rule changes, have reduced these risks, but it is impossible to totally eliminate such occurrences.

 Legal Signature of Parent/Guardian Date Relationship to Student

 Legal Signature of Parent/Guardian Date Relationship to Student

ELIGIBILITY AND STUDENT STATEMENT

In order for a student to be eligible to participate in interscholastic extracurricular student activities he/she must maintain at least a "C" average (a grade point average of 2.0 on a 4.0 scale) and pass all subjects for the grading period immediately preceding participation.

Athletes and parents are to be aware that guidelines and policies of Florida High School Athletic Association (FHSA) are to be used and referred to by the Athletic Program at Genesis Christian School. Genesis Christian School is an independent school and is solely responsible for its policies and enforcement. In the best interest of the school and its athletes, the highest level of consistency and safety consciousness will be the standard of our Athletic Program.

I understand that it is my responsibility to stay academically eligible, to keep training rules and to conduct myself so as to bring honor to the Lord, my school, my team and my family. Poor conduct may result in ineligibility. I understand that suspension from school (in or out) will result in suspension from practice and/or games during the time of suspension.

I understand that I and my parents/guardians are responsible for any uniforms, equipment, and/ or supplies issued to me while participating in interscholastic athletics. I agree to correct or replace any damaged item and replace any lost item.

 Student Signature Date

I also authorize the use of pictures of the above-named participant to be posted on Genesis Christian School's web site or advertised media published by Genesis Christian School.

 Legal Signature of Parent/Guardian Date Relationship to Student



General/Emergency Contact Information

PLEASE PRINT ALL DETAILS CLEARLY

GENERAL INFORMATION:

Students Full Name: _____

STUDENT LIVES WITH:

Father: Natural Step Foster (Please check one)

Name _____ Cell Phone _____ Work Phone _____

Mother: Natural Step Foster (Please check one)

Name _____ Cell Phone _____ Work Phone _____

Guardian: (If different from above)

Name _____ Cell Phone _____ Work Phone _____

Person(s) who will care for student in case parent cannot be reached:

Name _____ Relationship _____ Phone _____ Work _____

Phone _____

Name _____ Relationship _____ Phone _____ Work _____

Phone _____

HEALTH INFORMATION:

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Preferred Hospital _____

Please check if athlete has had problems with any of the following:

- Diabetes
Medication _____
- Severe Allergies
Specify _____
- Asthma
Medication _____
- Kidney Disease
- Heart Disease
- Epilepsy
Medication _____
- Seizures
Specify _____
- Ears

- Speech
- Glasses/Contacts
- Hearing Aids
- Concussions
Followed up by Physician
- Any other conditions
required observation:

- Medications

