



Athletic Program Packet

Scholar: _____ Grade: _____

Indicate athletic programs being considered for participation:

Athletic Program Packet Contains:

- Parent or Guardian Consent, Indemnity and Insurance
- Emergency Information and Parent Consent
- Risk Acknowledgement
- Parent Letter regarding Self-Carry Policy for Emergency Medications
- Parent Letter regarding Drop-off and Pick-up procedures
- Uniform Agreement
- Medical History Evaluation to be **completed by a physician**
- Parent/Athlete Concussion Information Sheet

I have carefully read and understand all of the above mentioned documents and forms. I have truthfully and comprehensively completed all documents. I am aware of the serious nature of the risks and dangers of interscholastic sports participation. I fully understand and voluntarily agree to the terms stated therein. **I have also read the BCA Athletic Program Handbook and voluntarily agree to the terms therein.**

Scholar/Athlete Signature

Date

Printed

Parent/Guardian Signature

Date

Printed



Athletic Program

Student: _____ Grade: _____

Athletic Activities: _____

Consent and Indemnity

The undersigned parent(s) or legal guardian(s), as the case may be, of the scholar named above hereby consent to his or her participation in the interscholastic athletic activities conducted by Bayou Community Academy, and recognize and acknowledge that injuries may occur to the student as a result of participation in those activities. By consenting to the student's participation in such activities, the undersigned parent(s) or legal guardian(s) hereby agree to hold harmless Bayou Community Academy, its members, employees, agents, assigns and insurers from and against all liability for any accidents involving the student while participating in such athletic activities and any injuries suffered by the student during, or as a result of, such participation. The undersigned parent(s) or legal guardian(s) hereby also authorize team physicians to treat the student in the event of an injury requiring emergency treatment. It is understood that this authorization is not intended to, and does not, modify the foregoing indemnity provision in any manner whatsoever.

NO STUDENT WILL BE PERMITTED TO BEGIN PARTICIPATION IN ORGANIZED INTERSCHOLASTIC ATHLETIC ACTIVITIES UNTIL THIS FORM HAS BEEN COMPLETED AND SIGNED BY THE APPROPRIATE PARENT(S) OR LEGAL GUARDIAN(S). IF THE PARENTS ARE NOT DIVORCED, ONLY THE FATHER MUST SIGN. IF THE FATHER IS UNABLE TO SIGN, THEN THE MOTHER MAY SIGN AS THE TACIT AGENT OF THE FATHER. IF THE PARENTS ARE DIVORCED, ALL PARENTS HAVING CUSTODY OF THE STUDENT MUST SIGN. IF THERE IS ONLY ONE LIVING PARENT OR GUARDIAN, THAT PARENT OR GUARDIAN MUST SIGN.

WITNESSES:

(Parent or Legal Guardian)

(Parent or Legal Guardian)

NOTE: Please check if the signee is:

Father Custodial Parent
 Mother



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Athletic Program
Emergency Information and Parent Consent

General Information:

Date: _____

Scholar: _____ DOB: _____ Grade: _____

Mailing Address: _____

Primary family email address to receive notifications:

Child resides with: (circle one) mother father both shared custody

Explain custodial issues: _____

Mother's name: _____

Phone number(s) _____

Mother's Employer: _____

Father's name: _____

Phone number(s) _____

Father's Employer: _____

Insurance Company: _____

In an emergency, if parents cannot be reached, notify:

Name: _____ Phone number: _____

Name: _____ Phone number: _____

Health Information:

Family Doctor: _____ Phone number: _____



Family Dentist: _____ Phone
number: _____

Known Allergies: _____

Current Medications: _____

Please answer **yes** or **no** to the following:

Asthma: _____ Inhaler: _____ Concussion: _____ Diabetic: _____

Skin Problems: _____ Seizures: _____ Allergies: _____

If yes, then please explain: _____

Consent Information

Scholar/Athlete: _____

In an emergency, I give permission for the coach, principal, or other school personnel to use their judgement in securing medical care and/or an ambulance.

Permission is also hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination, and immunizations for the above named student in the event of an emergency arising out of a serious illness, the need for major surgery, or significant accidental injury. I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to reach me, the treatment necessary for the best interest of the above named student may be given.

Parent/Guardian Signature: _____ Date: _____

I give permission for the coach, principal or other school personnel to speak with the physician(s) regarding my child's health status as it pertains to athletic participation.

Parent/Guardian Signature: _____ Date: _____



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Athletic Program
Risk Acknowledgement

We, parents and scholars, are aware that trying out, practicing, playing or any form of participation in any sport can be a dangerous activity involving **many risks of injury**.

We, parents and scholars, understand that there are risks of injuries in any sport, but are not limited to death, serious neck and spinal injuries which may result in complete or partial paralysis, brain damage, serious injury to virtually all bones, joints, ligaments, muscles, tendons and other aspects of the muscular skeletal system and serious injury or impairments to other aspects of the body, health and well-being.

We, parents and scholars, also understand that the dangers and risks of engaging in any sport may result not only in serious injury, but in a serious impairment of future abilities to earn a living, and to engage in business, social and recreational activities and generally to enjoy life.

Because of the risks described above, we recognize the importance of listening to and following all of the coach's instructions and warnings regarding playing techniques, training methods, rules of the sport and other team rules. We, parents and scholars, therefore expressly agree to direct and to encourage the obeisance all of the coach's instructions and warnings.

In consideration of Bayou Community Academy Charter School granting permission to try out, practice, play or in any other way participate for an athletic team and to engage in all the activities related to the team including practice, conditioning, playing and traveling. We, parents and scholars, hereby acknowledge that we assume all the risks associated with such participation. We, parents and scholars, agree to waive all claims of whatever nature, fully and finally, now and forever, for my child/ward, for myself, my estate, my heirs, my administrators, my executors, my assignees, and for all members of my family to release exonerated, discharge and hold harmless the above named school, school employees, school volunteers, school board, their trustees, officers, agents, servants, employees, successors, and assigns, their athletic staff, all coaches, assistant coaches, athletic trainers, physicians, and other practitioners, of the healing arts from any liability, claims, causes of action or demands arising out of any injuries to my child/ward or to his or her property or losses of any kind which may result in or connection with his or her participation in any activity related to Bayou Community Academy Athletic Programs.

Scholar/Athlete's signature: _____ Date: _____

Grade: _____

Parent/Guardian's signature: _____ Date: _____



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Dear Parents of BCA Student Athletes,

In an effort to ensure the supervision and safety of all athletes, it is BCA's expectation and requirement that parents are responsible for the supervision of their child until the official start of all events. They should not be dropped off until they are released into the direct supervision of the coaches. At the ending of the event, once the coach releases the players, it is expected that the parents resume supervision and responsibility of their student athlete. This will ensure that all BCA athletes are properly supervised at all times. This BCA requirement will replace signing in and signing out of all players for sporting events.

Furthermore, it is the responsibility of parents to be prompt in picking up their children at the end of all events, practices, games or meets. Parents choosing to allow scholars to stay at the fields after practices, games or meets should be advised that there will be no supervision by a BCA staff member. Parents assume full responsibility for their children at the end of each event. Please contact your child's coach if you are unsure of beginning or ending times of any activity. Thanks for your continued support of BCA and our athletic teams.

Sincerely,

Jessica Rosado

Jessica Rosado,
Principal

Scholar's Name: _____

I have read the above policy acknowledging that parents are responsible for prompt pick up and supervision of their children at the end of all events, practices, games or meets, furthermore acknowledging that the scholars are not under the supervision of BCA staff at this time. It is the responsibility of parents and scholars to be aware of the starting and ending time of all events.



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Parent Signature: _____ Date: _____

Medication Acknowledgement for Parent/Guardian for After School Activities

August 2021

Scholar's name: _____

Dear Parents,

Your child will be participating in after school activities that may require the use of his/her emergency medications. This letter is to inform you that medications used after school will be the responsibility of the student and his/her parent/guardian. This would include practices, games, meets, and any other after school activities and off-campus activities.

By signing below, you are acknowledging that you agree to allow your child to carry and self-administer his/her own medication during these times. You are also agreeing that you and your child understand that this medication is to be solely used by your child and will be shared with no other student. If the activity occurs directly after school, the student will drop the medicine off in a labeled bag at the nurse's office in the morning and will be picked up at bell time. NOTE: The medication that has already been turned into the nurse cannot be used for this purpose. You must send a separate medication for after school activities. This is to ensure that you child always has the proper medication readily available during school hours. All necessary paperwork from your child's physician must be on file with the school nurse.

Also by signing below, you acknowledge that BCA and its employees shall incur no liability as a result of any injury sustained by the student from self-administration of medications.

I am aware that if my child has an emergency, the principal or designee will have my child transported to the hospital emergency room by ambulance. I will be responsible for payment.

Signature of parent: _____ Date: _____



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Uniform Agreement

Scholar's name: _____ Date: _____
(*This form should be submitted after the school issued uniform is received by the scholar.)

All uniforms issued by BCA will require scholars to sign them out and return them in good condition at the end of the season, according to deadlines established by the coach. A replacement fee will be assessed for damaged or lost uniforms.

Athletic Program: _____

Date Issued: _____

Parent's Signature: _____

Deadline Return Date: _____

Coach's Signature for verification: _____