Revised 6/22/2021



## Athletic Program Packet

Scholar:	Grade:
Indicate athletic programs being considered for p	participation:
Athletic Program Packet Contains	S:
<ul> <li>Parent or Guardian Consent, Indemni</li> <li>Emergency Information and Parent Co</li> <li>Risk Acknowledgement</li> <li>Parent Letter regarding Self-Carry Po</li> <li>Parent Letter regarding Drop-off and F</li> <li>Uniform Agreement</li> <li>Medical History Evaluation to be <u>com</u></li> <li>Parent/Athlete Concussion Information</li> </ul>	binsent licy for Emergency Medications Pick-up procedures  pleted by a physician
I have carefully read and understand documents and forms. I have truth completed all documents. I am averisks and dangers of interscholast understand and voluntarily agree have also read the BCA Athletic voluntarily agree to the terms the second s	nfully and comprehensively vare of the serious nature of the tic sports participation. I fully to the terms stated therein. I Program Handbook and
Scholar/Athlete Signature	Date
Printed	

Date

Parent/Guardian Signature

Printed



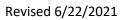
# Athletic Program

Student:	Grade:
Athletic Activities:	
The undersigned parent(s) or lega	and Indemnity I guardian(s), as the case may be, of the nsent to his or her participation in the
interscholastic athletic activities co and recognize and acknowledge th	nducted by Bayou Community Academy, nat injuries may occur to the student as a tivities. By consenting to the student's
participation in such activities, the undersely agree to hold harmless Baremployees, agents, assigns and in accidents involving the student who and any injuries suffered by the participation. The undersigned participation authorize team physicians to treat requiring emergency treatment. It is	indersigned parent(s) or legal guardian(s) you Community Academy, its members, surers from and against all liability for any ille participating in such athletic activities student during, or as a result of, such arent(s) or legal guardian(s) hereby also at the student in the event of an injury s understood that this authorization is not the foregoing indemnity provision in any
ACTIVITIES UNTIL THIS FORM HAS BEEN COMPL LEGAL GUARDIAN(S). IF THE PARENTS ARE N FATHER IS UNABLE TO SIGN, THEN THE MOTHER	TICIPATION IN ORGANIZED INTERSCHOLASTIC ATHLETIC ETED AND SIGNED BY THE APPROPRIATE PARENT(S) OR OT DIVORCED, ONLY THE FATHER MUST SIGN. IF THE MAY SIGN AS THE TACIT AGENT OF THE FATHER. IF THE IG CUSTODY OF THE STUDENT MUST SIGN. IF THERE IS PARENT OR GUARDIAN MUST SIGN.
	(Daniel and and Grandian)
	(Parent or Legal Guardian)
	(Parent or Legal Guardian)
NOTE: Please check if the signee is: Father Custodial Parent Mother	



# Athletic Program Emergency Information and Parent Consent

General Information:		D	ate:
Scholar:	DOB:	G	irade:
Mailing Address:			
Primary family email address to rece			
Child resides with: (circle one) mo			,
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 b	e reached, notify:		
Name:	Pho	one number:	
Name:	Pho	one number:	
Health Information:			
Family Doctor:	Pho	one number:	:





Family Dentist: number:		Phone	
Known Allergies:			
Current Medications	s:		
Please answer <u>yes</u>	or <b>no</b> to the following:		
Asthma:	Inhaler:	Concussion:	Diabetic:
Skin Problems:	Seizures: _	Allergies: _	
If yes, then please	explain:		
Consent Informati	<u>on</u>		
Scholar/Athlete:			<u> </u>
Permission medical or minor su student in the event or significant accide physician to contact	t in securing medical casts also hereby granted urgical treatment, x-ray to fan emergency arisitental injury. I understate the in the most expedit	are and/or an ambula to the attending phys examination, and imr ng out of a serious illr at that an attempt willitious way possible.	pal, or other school personnel to nce. ician to proceed with any munizations for the above named ness, the need for major surgery, I be made by the attending If the physician in not able to bove named student may be
Parent/Guardian Si	gnature:		Date:
	or the coach, principal c ing my child's health st		
Parent/Guardian Si	gnature:		Date:



# 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:



#### 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.

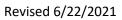
Furthermore, it is the responsibility of parents to be prompt in picking up their children at the end of all events, practices, games or meets. Parents choosing to allow scholars to stay at the fields after practices, games or meets should be advised that there will be no supervision by a BCA staff member. 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.





Parent Signature:	Date:
Medication Acknowled	gement for Parent/Guardian for After School Activities
August 2021	Scholar's name:
Dear Parents,	
his/her emergency medicati school will be the responsib	ng in after school activities that may require the use of ions. This letter is to inform you that medications used after bility of the student and his/her parent/guardian. This would neets, and any other after school activities and off-campus
self-administer his/her own you and your child understa will be shared with no other student will drop the medicinand will be picked up at bell into the nurse cannot be use for after school activities. The	acknowledging that you agree to allow your child to carry and medication during these times. You are also agreeing that and that this medication is to be solely used by your child and student. If the activity occurs directly after school, the ne off in a labeled bag at the nurse's office in the morning I time. NOTE: The medication that has already been turned ed for this purpose. You must send a separate medication his is to ensure that you child always has the proper eduring school hours. All necessary paperwork from your in file with the school nurse.
as a result of any injury sust I am aware that if my child h	acknowledge that BCA and its employees shall incur no liability tained by the student from self-administration of medications.  The principal or designee will have my child emergency room by ambulance. I will be responsible for
Signature of parent:	Date:



## **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: