



Baypoint Athletic Parent Consent Form

Student's Name: _____

I hereby give permission for my daughter/son to participate in athletic sport(s) at Baypoint Preparatory Academy.

Date: 2017-18 Academic year

Time 2:40-4:30

This after school activity is a weekly program that is coached by Mr. Eason, and Mr. Palermo for the Fall season. The purpose of this program is to teach and develop basic knowledge, skills and rules of volleyball/cross country.

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment and x-ray examinations for the above named student in the event of a serious illness, the need for major surgery, or significant accidental injury. I understand that any attempt will be made by the attending physician to contact me in the most expeditious way possible. If said physician is not able to communicate with our coaches/staff members, the treatment necessary in the best interest of the above named student may be given.

I also agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

Emergency Contact Information:

Name: _____ **Phone Number:** _____

Relationship to Student: _____

Travel Arrangements:

I hereby give my student permission to travel by Baypoint operated vehicles.

Do you have insurance that will cover the student in school activities? YES NO

All medical bills must first be submitted to the parents/guardians' insurance carrier. The school policy will pay excess costs up to the limits of their policy. The school insurance carrier will notify you of the procedures to follow at the time of injury.

Signature of Parent/Guardian: _____ **Date:** _____



Address:

Home Phone: _____ **Work/Cell Phone:**

Dear Student-Athlete/Parent(s),

Baypoint is excited about its growth that has taken place thus far. We are excited to offer a recreational/club volleyball team for the fall of 2016. Unfortunately we were unable to put together a sports program for the academic year of 2016-2017. However, the plan to have both boys and girls sports teams in the future is still in the process and in our future at BPA. The volleyball team will be for grades six through eight grade, but high school is more than welcome to participate in practices and intrasquad games.

Our purpose of starting a club/intramural volleyball team is to help peak student-athletes interest in sports and to help grow our athletic program at Baypoint Preparatory Academy for the future in other sports as well as volleyball. It is our intentions to help the students at BPA not only to learn the fundamentals of organized sports, but to help them learn knowledge and grow as an individual to prepare them in their future. Each student-athlete will have an opportunity to experience success while learning valuable volleyball skills. Coaches will facilitate a variety of techniques, drills, strength and conditioning, and important nutritional information that is key to becoming a better volleyball player.

Expectations/Rules:

- All forms must be handed in prior to participating. Student-athletes who do not return the form by the day before the start of practice will not be allowed to play or observe during the activity.
- Participation this year will not guarantee making any team next year. Nonetheless, it is an important step for strengthening our athletic program for the future. Even though it is not mandatory for student-athletes to attend practice every week, it is important to understand that if we do not have enough students to fill a volleyball team, it is up to our discretion to cancel the activity.
- By signing below, you understand that this afterschool activity is a privilege for students, and that Baypoint staff have the right to tell students' that they are no longer able to participate based on: behavior in school, behavior during practice, grades, etc.
- Student-athletes are expected to have proper athletic attire. This includes: shorts, t-shirt, athletic shoes. Without this, students will not be allowed to participate.
- Parents are expected to pick up students at the end of practice. This is mandatory! Multiple instances of parents being more than 5 minutes late may lead to the student not being allowed to participate in the program.

STUDENT'S/PARENT(S)/GUARDIANS: BY SIGNING BELOW YOU ARE AGREEING TO ALL POLICIES SET IN PLACE.

FOR ANY ADDITIONAL INFORMATION, PLEASE FEEL FREE TO CONTACT: Mr. Palermo at tpalermo@baypoint.academy or Mr. Eason at keason@baypoint.academy



On the behalf of our staff, we look forward to coaching your child!

Student Name: _____ Date: _____

Student Signature: _____

Parent Name: _____ Parent Signature: _____

**Student/Participant
Hold-Harmless and Consent Agreement**

Program Name:

Participant Name:

For and in consideration of being permitted to participate in the program indicated above (including related travel if any) above, I, the undersigned Student/Participant and my parent(s), as signers of this agreement in the event I am not eighteen (18) years of age or older, hereby agree(s) and consent(s) to the following:

I the undersigned Student/Participant, hereby fully release and forever discharge, Baypoint Preparatory Academy and all instructors, sponsors agents, employees, officers, director and trustees of Baypoint Preparatory Academy (collectively "BPA") of or from any and all liability to me, my personal representatives, assigns, heirs and next of kin, for any and all claims, demands, controversies, actions of causes of action, which may now or in the future own or hold for any injury to my person or property or any injury resulting in my death, arising directly or indirectly out of participation for any purpose in the Course/Activity described above, or any first aid, medical treatment or services rendered me during or as a result, either direct or indirect, out of my participation in the above described Course/Activity, regardless of the cause of such injury, damage or expense, and regardless of whether or not such injury, damage or expense is caused by the sole negligence of BPA or the concurrent or contributory negligence of BPA.

I further agree to indemnify and save and hold harmless BPA from any loss, liability, damage and expense, including but not limited to attorney's' fees and court costs, which BPA, collectively and/or individually, may incur as a result of any claim or suit by any person relating in any manner, directly or indirectly, to my participation in the program. Whether caused by the sole negligence of BPA or the concurrent or contributory negligence of BPA



**Student/Participant
Hold-Harmless and Consent Agreement (Cont'd)**

This Release contains the entire agreement between the parties hereto and the terms of this Release are contractual and not a mere recital. In making this release and Hold-Harmless Agreement, I have not relied upon any statement or representation pertaining to this matter made by any person or persons representing or employed by them.

I state that I have carefully read the foregoing release and Hold-Harmless Agreement and know the contents hereof and sign same as my own free act. I am fully competent and execute this Release and Hold-Harmless Agreement for full adequate and complete consideration fully intending to be bound by same. Each covenant and obligation of the Student/Participant shall also constitute, joint and several, a covenant and obligation of each parent and/or guardian of the Student/Participant as named by law.

Date: _____ **Student:**

If the student/Participant is not eighteen (18) years of age or older, this signature of the Student/Participant's parents or guardians on the signature lines hereinafter provided is also required. As parent(s) or guardian(s) of the above mentioned Student/Participant. Each of the undersigned, for the consideration stated above, agree to and approve the terms of this Release and Hold-Harmless Agreement and Consent Form and warrant that each of us, individually and collectively, have full authority to do so on behalf of ourselves and the Student/Participant and each of the undersigned further bind ourselves, jointly and severally, to perform each of the obligations of the Student/Participant above described>

Date: _____ **Parent/Guardian:**



Authorization for Medical Care

Student's Legal Name: _____

Daytime emergency contact: _____

Relationship: _____ Telephone: _____

Is the student currently being treated for a medical condition? _____

Please List: _____

Is the student currently taking any medications: _____

Please List: _____

Does the student have any food or other allergies we should be aware of? _____

Please List: _____

Is the student allergic to any medications? Please list: _____

Other information to assist with student emergency care: _____

Height: _____ Weight: _____ DOB: _____

I hereby represent that I am the parent and/or legal guardian having legal custody of the above named minor Student. I authorize Baypoint Preparatory Academy to seek and obtain any medical treatment for the Student in the event of an emergency when efforts to contact me are unsuccessful and/or when, in the judgment of the program director, the injury or illness appears to require immediate medical attention. I further authorize Baypoint Preparatory Academy to refer the Student to private care providers if special service is necessary and efforts to contact me are unsuccessful. I understand that an attempt will be made to contact me in the event that medical care is needed unless immediate attention is necessary and, in such event an attempt to contact me will be made as soon as possible. I further understand and agree that I am responsible for any and all medical expense incurred as a result of bodily injury to, or illness of, the participant named while on Baypoint Preparatory Academy campus, on field trip, with Baypoint Preparatory Academy, or during transportation to or from activity for Baypoint Preparatory Academy, including, but not limited to transportation to the other medical facilities, as well as private follow-up care.

Parent/Guardian Signature: _____ Date: _____



Student's Full Name

(print) Date of Birth

SPORT ACTIVITY

I, the parent/guardian of the student named above, hereby give permission for my child to participate in the team or camp indicated, and participate in all of the team's activities, as directed by the school/coach. I understand that my child will be obligated to attend regularly scheduled practices and competitions.

I understand that my child is responsible for her/his behavior at all time, and agree not to hold the school or any of its employees responsible for any expenses or damages incurred as a result of my child's behavior. I also understand that any violation of the school's code of discipline may result in exclusion from the team.

I understand that it is necessary for my child to have an approved medical certificate for school competition on file in the school before trying out, practicing or competing in interscholastic athletic activities. I agree to inform the school of any change in my child's medical or physical condition which develops or is discovered at any time after the date this document is signed.

I agree that in the event of injury or illness, the staff member in charge of the team may act in my behalf and at my expense in obtaining medical treatment for my child.

I realize that the primary insurance coverage, if any injury should occur, would be my responsibility.

I agree to be responsible for the return of all equipment issued by the school to him/her.

I understand and give permission for my child to travel to and from all scheduled practices and competitions at my own risk. Further, neither the school, drivers, nor faculty will be liable to any suit whatsoever resulting from any or in any of the practices, games, or travel. Parents are expected to be accountable for all transportation to and from practices, games, and other events for the sport.

In an emergency, please contact me at: (_____) _____ or (_____) _____

PRINT Name of Parent/Guardian

Signature

Date Signed

I have found the medical certificate submitted by student and parent to be acceptable.

Teacher/Coach signature

Date