

# Athletic Consent for Participation

First Baptist Academy

Powell, TN

Student Last Name:	Student First Name:	MI:
--------------------	---------------------	-----

Sex:  Male  Female      Grade \_\_\_\_\_      Age \_\_\_\_\_      DOB \_\_\_\_/\_\_\_\_/\_\_\_\_

**Allergies:**  Yes  No known allergies If yes, please list type of allergy and known reaction below:


**Medications:**  Yes  No If yes, list medications taken regularly and for what reason.


**Insurance Information:**

Insurance Company Name	Policy #	Group #	Insurance Company Phone #
------------------------	----------	---------	---------------------------

**Emergency Contact Information:**

Parent/Guardian(s) Name(s):		
Home Address:		
Home phone:	Mother/Guardian's cell:	Father/Guardian's cell:
Student cell:	Mother/Guardian's work:	Father/Guardian's work:
Student's email:	Mother's email:	Father's email:

**Emergency Contact - other than parent or guardian(s):**

Name:	Relationship:	Phone:
-------	---------------	--------

I hereby give consent for (student athlete's name) \_\_\_\_\_ to represent **First Baptist Academy** in athletics realizing that such activity involves potential for injury. I acknowledge that even with the best coaching, the most advanced equipment, and strict observation of the rules, injuries are still possible. **On rare occasions, these injuries can be severe and result in disability, paralysis, or even death. I further grant permission to the school and TSSAA, its physicians, athletic trainers, and/or EMT to render aid, treatment, medical or surgical care deemed reasonably necessary to the health and well being of the student athlete during or resulting from participation in athletics.**

By the execution of this consent, the student athlete named above and his/her parents/guardian(s) do hereby consent to screening, examination, and testing of the student athlete during the course of the pre-participation examination by those performing the evaluation, and to the taking of medical history information and the recording of that history and the findings and comments pertaining to the student athlete on the forms attached hereto by those practitioners performing the exam.

**As parent or legal guardian, I remain fully responsible for any legal responsibility which may result from any personal actions taken by the above-named student athlete.**

As parent/legal guardian, I do acknowledge I have been informed that per TSSAA guidelines, any student athlete must be removed from athletic eligibility whose account is 60 days overdue.

As parent/legal guardian, I give consent for First Baptist Academy to provide all records pertaining to financial aid or tuition assistance of the above-named student athlete to TSSAA upon their request to audit such records.

Signature of athlete \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_

**Athletic Consent for Participation**

First Baptist Academy

Powell, TN

Printed name of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_