Tower Grove Christian Academy

2018-2019 Sports Physical/Participation and Trip Release Form

Student Agreement

Athlete's Name_____Athlete's Cell Phone _____

This application to represent my school in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have studied and understand the eligibility standards that I must meet to represent my school athletics, and that I have not violated any of them. I also understand that if I do not meet the citizenship standards set by the school, or if I am ejected from an interscholastic contest because of an unsportsmanlike act, it will result in my not being allowed to participate in the next contest, and possibly suspension from the team either temporarily or permanently.

Student Signature_____ Date_____

Parental Permission and Authorization for Treatment

We hereby give our consent for the above-named student to represent Tower Grove Christian Academy in interscholastic athletics. We hereby agree to not hold the school responsible in case of accident or injury whether it be enroute to or from another school or during practice or an interscholastic contest, and we hereby agree to hold Tower Grove Christian Academy/Tower Grove Baptist Church, its employees, agents, representatives, coaches, and volunteers harmless from any and all liability, actions, causes of action, debts, claims, or demands of every kind and nature whatsoever which may arise by or in connection with participation by my child in any activities related to the interscholastic program of his/her school.

We, also agree that our child will ride home on school provided transportation after the game unless we have given the coach written permission for him/her to ride with another adult prior to the game. We also give our consent for him/her to accompany the team on trips including out-of-town and out-of-state games/tournaments including the state tournaments. **We understand that if our son/daughter disobeys any of the policies that are upheld at Tower Grove Christian Academy on away trips, he/she will be sent home at our expense.**

In the event of an emergency necessitating medical or surgical attention, we give our consent for the school to obtain through a physician or hospital of its choice, such medical care as is reasonably necessary for the welfare of the student, if he/she is injured in the course of school athletic activities. We authorize the release of necessary medical information to the physician and/or school personnel related to such treatment/care. We understand that the school may not provide transportation to all events, and **permit/ do not permit** (CIRCLE ONE) my child to drive his/her vehicle in such a case.

We, the undersigned parent and/or legal guardian do release, acquit, discharge, and covenant to hold harmless the Tower Grove Christian Academy/Tower Grove Baptist Church, or its representatives, or school sponsors, from any and all actions, causes of actions, damages, liabilities arising out of the treatment of any sickness or accident incurred by our said child during any sports-related trip.

_____ _____ _____

Father's Signature | Mother's Signature | Date

A student shall not be permitted to practice or compete until TGCA has verification that he/she has insurance coverage, which includes athletics. Our son/daughter is covered by basic health/accident insurance for the current year with_____Policy Number_____

Name of Insurance Company

Student's Full Name_____Home Phone_____

Address_____City_____State_____Zip_____

Date of Birth_____ Age_____ Grade_____ Sex M F

Father _____ Cell Phone _____

Mother _____Cell Phone _____

If parent/guardian cannot be reached, please call: _____

Relationship to you_____ Phone _____