

Holy Ground Baptist Academy

Parent Consent Form

We are pleased that your child has chosen to participate in our athletic program. Holy Ground Baptist Academy does not assume liability of injuries, as a result of participation in practice. The following consent form must be completed.

I, _____ the parent/guardian of _____ give consent for him/her to participate in any athletic activity sponsored by Holy Ground Baptist Academy during the 2014-2015 school year. I hereby release and discharge HGBA, its members, agents and employees of all liability arising out of participating in practice sessions prior to, or travel from contest sponsored by or participated in by HGBA.

The undersigned parent/guardian of the above referred to athlete does by execution here of agree to indemnify and hold harmless HGBA to any loss arising by the undersigned's failure to maintain in force and affect a hospitalization and medical policy upon the above athlete during the school year.

I certify and guarantee that there is maintained hospitalization and medical insurance as set forth below, covering the above referred athlete for any injury or harm which may result from his/her participation in, practice sessions prior to, or travel from contest sponsored by participated in by HGBA.

Name of Insurance Company: _____

Policy Number: _____

Duration of Policy: _____

Signature of Parent or Guardian

Signature of Athletic Director

Address of Parent or Guardian

Phone Number

Extra-Curricular Expectation Form

1. State requirements of eligibility and competitive extra-curricular activities;
 - a. Aspiring participants a minimum of five classes to semester prior to participation
2. All students involved in extra-curricular activities are under the jurisdiction of the HGBA discipline policy.
3. Participants will be subject to random drug testing.
4. The abuse of tobacco, alcohol, and illegal drugs will not be tolerated. Any violation of this policy will result in the following action. This will be treated as a level three offense and can face possible discipline tribunal, the result of which will be a mandatory enrollment in Holy Ground's Reformers Unanimous program or possible dismissal from all extra-curricular activities.
5. A student who quits a sport or is dismissed from a team after the first competition will not be allowed to participate in the following sports season until the previous sport season is completely over.
6. A student who is under suspension from school (ISS or OSS) may not participate during the period of suspension.
7. All participants must be prepared to observe the rules and regulations of the coaches, or sponsors of his/hers chosen activities.
8. All participants are required to return equipment and uniforms belonging to the school, or make financial restitution.
9. Participants are expected to represent the school in a respectable manner on all trips. Students will ride with the team to and from all contests. Exceptions may be made with the written consent of a parent or guardian on return trips.
10. All participants must maintain a clean hair cut and shave (off the collar, above the ears.)

Participant: _____ Date: _____

Parent/Guardian: _____ Date: _____

Athletic Director: _____ Date: _____

Principal: _____ Date: _____

Holy Ground Baptist Academy
Parent/Guardian Extra-Curricular Travel Form

I hereby give permission for my son/daughter,
_____ to go on any extra-curricular activity
trip to ALL AWAY ATHLETIC EVENTS for the current school year.

Time leaving school: VARIES Time of return: VARIES

Means of transportation: SCHOOL BUS/ VANS

There is no cost for ATHLETIC TRANSPORTATION for the entire group.

I understand that the trip will be under the supervision of the team's coaches.

I hereby relieve HGBA and its employees of all responsibility beyond that of normal supervision.

Signature of Parent of Guardian

Date

Name of Student: _____

I hereby give my consent for the above named student to represent his/her school in the athletic activities except those indicated on this form by the examining physician provided that such athletic activities are approved by the state Board of Education or the GICAA. I also give my consent for the student to accompany the school team on any of its local or out of town trips. I understand that there inherent risk of injury associated with these athletic activities therefore I authorize the school to obtain through a physician of its own choice any emergency care that may become necessary for the student in the course of such athletic activities or such travel. I also agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to the above named student in the course of such athletic activities or such travel. I recognize that if I elect to have the above named student examined by the group of voluntary physicians, nurses and other allied health workers, that the examination can not be as comprehensive as that performed in a private physicians office and thus may not detect a potentially significant health condition which might be problematic in sports participation. I further release said volunteers (who work without compensation) from any liability if injury should occur.

Typed/Printed name of parent/guardian

Signature of Parent/ Guardian

Date

Address: _____

Telephone (Home): _____

Telephone (Work): _____

Forewarning

I/We give permission for _____ to participate in organized school activities, in such activity involves the potential for injury that is inherent in all sports. I/We acknowledge even with the best coaching, use of the most advanced protective equipment, and strict observance of rules, injuries are still a possibility. Even on rare occasions these injuries can be so severe to result in total disability, paralysis or even death. I/We acknowledge that I/We have read this warning.

Parent or Guardian

Athlete

Holy Ground Baptist Academy Medical Release Form

I, the undersigned parent/guardian of _____ grant the school administrators or any other teacher having supervision of this child the authority to obtain medical treatment in emergency situations. I release from liability HGBA and school administrator or teacher exercising reasonable authority. I will be responsible for hospital or admission charges made during the exercise of this authority.

This _____ day of _____

Effective for the 2014-2015 school year

Parent/ Guardian: _____

Insurance Company: _____

Policy Number: _____

***Fill out both sections of this form/ one section remains at HGBA and one with the coaches.**

Holy Ground Baptist Academy Medical Release Form

I, the undersigned parent/guardian of _____ grant the school administrators or any other teacher having supervision of this child the authority to obtain medical treatment in emergency situations. I release from liability HGBA and school administrator or teacher exercising reasonable authority. I will be responsible for hospital or admission charges made during the exercise of this authority.

This _____ day of _____

Effective for the 2014-2015 school year

Parent/ Guardian: _____

Insurance Company: _____

Policy Number: _____

***Fill out both sections of this form/ one section remains at HGBA and one with the coaches.**