

AUTHORIZATION FOR ATHLETIC PARTICIPATION, MEDICAL CARE AND INSURANCE WAIVER

STUDENT'S NAME _____ DATE: _____

SPORT(S) _____ GRADE: _____

I, the parent/legal guardian of the above named student, hereby give my permission and approval for his/her participation on the athletic team(s) listed above. In addition, I acknowledge receipt of the equipment issued to my son/daughter and agree to return it to the coach upon request. Damaged or lost equipment must be paid for at the current replacement price. I also give my permission for him/her to attend all practices and travel as necessary on school transportation to all scheduled games or practices. I will arrange transportation for my son/daughter from school promptly at the end of each game or practice.

I hereby authorize any employee of Riverdale Baptist School to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care in the event I am not immediately available. I also agree to accept responsibility for the cost of all medical services.

I also understand that Riverdale Baptist School does not provide insurance for any athletic related injury. My son/daughter is covered by the following health insurance:

Name of Company: _____

Policy Number: _____

Parent/Guardian

Print Name

Parent/Guardian

Signature

