

**FRCS Statement of Athletic Liability and Insurance
Parental Permission Form**

Student/Athlete Name: _____ Grade: _____

Sport(s): _____ Date: _____

Student/Athlete E-Mail address: _____

Although there are many positive benefits to participation in athletics, it must be clearly stated that there are risks and dangers that accompany participation in any sporting activity. The purpose of this form is to clearly state that by allowing your child to participate in a sporting program, you are acknowledging the fact you are putting him/her in a potentially dangerous situation that may result in an injury. Students and parents must both understand and accept the risk that participation in sports brings.

Statement of Liability and Insurance

In the event of an injury during any aspect of a student's participation in the sporting activity, I hereby release Franklin Road Christian School, a ministry of Brightmoor Christian Church, its officers, board members, employees and agents from any liability or responsibility for any accidents and/or injuries that may occur to the above named child resulting directly or indirectly from my child's participation in the activities.

Further, I hereby certify that the above named child is covered with insurance for accidental injury and medical insurance as listed on back.

Further, I hereby authorize any leader, volunteer or paid, of the Franklin Road Christian School to transport my child to and from the sporting event or practice, if transportation is necessary as listed on the back of this form.

Further, I hereby authorize any leader, volunteer or paid, of the Franklin Road Christian School to transport my child as needed in order to obtain any medical treatment from any licensed physician, surgeon, dentist, or medical treatment center and grant permission for any emergency treatment, procedure, or medicine to be administered to my child. Any known allergies or information for emergency treatment is listed on the reverse side of this form. Also listed is medication my child takes on a regular basis.

Further, I understand and accept full liability and responsibility for the payment of all expenses incurred for any medical treatment rendered to my child including ambulance services, hospital care, doctors, dentists, or any medical treatment center. This is applicable for emergency treatment and any medical expenses related to the injury at any future date.

I hereby state that I have read the aforementioned statement of athletic liability and grant my child permission to participate in the athletic program at FRC.

Date signed

Signature of Parent or Legal Guardian

(Please turn over and complete back)

Medical Insurance Information

Student's name: _____ Home Phone: _____

Parent's work phone: _____ Cell or Pager: _____

Parent's E-Mail address: _____

Insurance Co.: _____ Policy #: _____

Any known allergies (food, drug, etc.) or other preexisting medical conditions of which the coach should be aware:

Please note that you may want to have this permission slip notarized to assure hospital's admittance of your child.

Transportation

I give my son/daughter _____ permission to ride:
(you may check more than one)

- With parent or coach of FRC
- With any teammate
- With the following listed teammates only: _____
- In their own vehicle to games/practices
- In their own vehicle, and may drive other students to games/practices
- Only in transportation (car/van/bus) provided by FRC

Date

Parent/legal guardian signature

Booster Club Commitment

I understand that my child's participation in sports at FRC requires a contribution of my time as well. Each athlete's family will be scheduled to work one (possibly two) shifts during your athlete's playing season. A check deposit of \$100.00 is required for participation each season. Once you have worked your shift(s) your check will be returned to you un-cashed. Only when you fail to show for your shift will your check be cashed. Please make check payable to FRC. All checks will be locked in the booster office until completion of your shift(s).

Date

Parent/legal guardian signature