

A K I B A
a c a d e m y o f d a l l a s



ATHLETICS PARTICIPATION FORM

Name: _____ Home Phone#: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Gender: M/F Date of Birth: _____ 19__ Age: _____ Grade: _____

Father's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular#: _____

Mother's Name: _____ Place of Employment: _____

Daytime Phone #: _____ Pager #: _____ Cellular#: _____

Alternate Emergency Contact Person: _____

Relationship: _____ Daytime Phone: _____

My child is adequately covered by accident and/or health and/or hospital insurance policy that is in effect during the present school year. This coverage is through:

Name of Insurance Company

Policy Number

Assumption of Risk: It is understood and acknowledged that there is a risk of injury involved in athletic participation. The student athlete will be under the supervision and direction of an Akiba athletic coach. Following the rules of the game and the instructions of the coach can reduce the risk of injury to the student and to other athletes. However, it is understood that neither the coach nor Akiba can eliminate the risk of injury in sports. Injuries may and do occur. Sports injuries can be severe and in some cases any result in permanent disability or even death. We freely, knowingly, and willfully accept and assume the ordinary risk of injury that might occur from participation in athletics.

Sports Medicine: Permission is granted to the school nurse or coach to provide any necessary minor or emergency treatment(s) to the student athlete prior to his/her admission to any medical facility. Permission is hereby granted to the attending physician to proceed with any medical or surgical treatment for the above-named student athlete. I understand that every effort will be made by the attending physician to contact me prior to treatment. Permission is granted to the nurse, sport safety technician, or assigned Akiba representative, to examine records concerning examination or treatment received by the student athlete. These records may be examined for the express purpose of evaluating medical or physical fitness for participation in, or continued participation in, any athletic program in Akiba. I agree to furnish the Akiba sports medicine staff member with any reports or copies of medical records that are requested. I understand that these medical records will be kept confidential.

Parental/Guardian Permission to Participate: The student's parent(s) or guardian(s) grant permission for their student to participate in interscholastic athletics in the following sports:

(Please check all sports that apply)

- Volleyball Basketball Baseball Softball
 Soccer

Parental Permission: I certify as a parent / guardian that information on this form is accurate and current. Providing false information on this form renders it void and the student athlete may lose athletic eligibility. I have read, reviewed, completed (where necessary), and agree to comply with the requirements set forth in this document. This document is valid only for the current school year.

Father's /Guardian's signature Date

Mother's / Guardian's Signature Date

Student Athlete: I certify that the above information is correct, that I have read and reviewed all of the above information with my parent(s) / guardian(s), and I agree to comply with these standards as well as those established by my school, principal, athletic director, and coach.

Student Athlete Signature Date