



Bay City Academy
Participation/Consent Form

Brandon Deacons

Athletic Director

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***PLEASE PRINT CLEARLY**

Name of Athlete _____ Gender: Male Female D.O.B. _____

Homeroom Teacher: _____ Grade: _____

Home Address: _____

Parent Email Address: _____

Cost: \$30 per student

Level: Elementary: _____ Jr. High: _____ High School: _____

Sport to be played: _____

I, the undersigned parent/guardian of the child named above, hereby give my consent for such child to participate in the sports programs indicated, which are being offered by Bay City Academy Athletics/All Saints Catholic for the current school year. I understand that payment of \$30 is due upon enrollment and return of this form. I understand that if payment is not received at the time of enrollment and return of this form, my child will not be eligible to participate until payment is received. If a payment schedule is needed, please contact Brandon Deacons at the number above to set a schedule up.

I hereby hold Bay City Academy/All Saints Catholic, including employees and its agents, harmless for injuries sustained by such a child as a result of participation in the sports program. I agree to assume full financial responsibility for medical treatment necessary as a result of any such injury.

The undersigned does hereby grant to the individuals listed below the responsibility for the care of the child. Or, in the event that none of these are available, I grant the attending hospital emergency room physician and/or nurse the limited power of attorney to act for me and to give the required consent and authorizations for the delivery of medical care, diagnosis and treatment, including surgical intervention, if necessary, on behalf of my minor child named above.

Parent/Guardian Name: _____ Phone #: _____

Parent/Guardian Signature: _____

Emergency Contact Name: _____ Phone #: _____

Private Physician: _____ Phone #: _____

Insurance Company: _____ Policy #: _____

Date of Last Tetanus Immunization: _____

Known Allergies/Significant Medical History: _____

Office Use: _____ Date Paid _____ Paid Via _____ Office Initial _____