

**2017 - 2018**

**ENCLOSURE #1  
BAYTOWN CHRISTIAN ACADEMY  
STUDENT ATHLETIC CONTRACT**

**1. PURPOSE**

Participation in athletics is a privilege, not a right. Your practice time is meant to make you a better player. In no way does being at practice translate into the amount of game time a player receives. Playing time is based on the coach evaluation of a player skills, effort and attitude during practice first and game situations second. The athlete must earn this privilege through the three D ;

1. Dedication
2. Desire
3. Discipline

Without the pursuit of these, the athlete can in no way do justice to himself, the team or the school. The coaching staff at Baytown Christian believes that the tradition of winning is established and maintained upon these principles. In order for a determined course of action for the pursuit of athletic achievement and the character training of your persons the Athletic policies of this contract and those listed in the Athletic Handbook must be understood and agreed upon by the school, the student and the parents.

**2. ATTENDANCE**

The Policies as put forth in the Handbook must be adhered to at all times. Excessive absence or tardiness will result in removal from the team. Coaches have to be notified immediately.

**3. DECORUM**

I/we will follow the rules of decorum as listed in the Handbook. I understand this is for both students and parents.

**4. AGREEMENT**

I have read and agree to follow the guidelines set forth in the Activities/Athletics Handbook.  
I understand the provisions, fees, guidelines, rules and consequences of breaking said rules.  
I/we agree to do our best to exemplify Christ at all times at school, games and at home.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Parents Signature(s)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

2017 – 2018

**ENCLOSURE #2**  
**MEDICAL TREATMENT AUTHORIZATION**

**BAYTOWN CHRISTIAN ACADEMY**  
5555 N. Main  
BAYTOWN, TX. 77521  
281-421-4150

NAME OF CHILD \_\_\_\_\_ AGE \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_

**AUTHORIZATION FOR MEDICAL SERVICES**

I/We request that I/we be contacted within a reasonable time in the event of illness or injury requiring medical service. In the event that we can not be reached, I/we, parent/guardian(s) hereby designate the Administrator, Athletic Director, Team Coach, Athletic Trainer or his designee of Baytown Christian Academy, Baytown, TX, to act in my/our behalf to authorize in an emergency because of accident or illness and the situation calls for medical attention, we recognize and relinquish our responsibility to a practicing physician/doctor of osteopathy/physician assistant/nurse practitioner and/or medical personnel acting in the best interest of my/our child/ward. I/we hereby assume financial responsibility through our personal insurance or other means for hospitalization, medical attention and surgery provided.

**FAMILY M.D./D.O./P.A./N.P.:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**FAMILY DENTIST** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**FATHER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**WORK #** \_\_\_\_\_ **CELL#** \_\_\_\_\_ **EMERGENCY#** \_\_\_\_\_

**MOTHER** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**WORK#** \_\_\_\_\_ **CELL#** \_\_\_\_\_ **EMERGENCY#** \_\_\_\_\_

**NEIGHBOR/RELATIVE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**CHILD SOCIAL SECURITY #** \_\_\_\_\_

**FAMILY PRIMARY HEALTH INSURANCE** \_\_\_\_\_

**POLICY#** \_\_\_\_\_

**PARENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

**IF INSURANCE COVERAGE IS NOT AVAILABLE, THE "WAIVER OF INSURANCE REQUIREMENT" FORM MUST BE SIGNED & NOTARIZED TO PARTICIPATE.**  
**(SEE FINAL PAGE)**

**2017 – 2018**

**ENCLOSURE #3  
PARENT AUTHORIZATION FOR STUDENT TRAVEL  
BAYTOWN CHRISTIAN ACADEMY**

NAME OF STUDENT \_\_\_\_\_

I/We grant permission for said student to participate in the planned activities of the travel, and to travel by car, bus, train, airplane, and other means of transportation as required.

Travel Period: **The duration of the current school year.** \_

In case of illness or injury to said student during travel, I/we hereby consent to and agree to pay for such medical and dental costs incurred. (See medical information on Form 2.)

Name of Insurance Company \_\_\_\_\_

Policy Number \_\_\_\_\_

**AUTHORIZATION:**

\_\_\_\_\_  
Parent(s) or Guardian(s) Signature Date

Parent Comments: .  
(Please specify any special medical or other such instructions that need to be considered.)

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**BAYTOWN CHRISTIAN ACADEMY  
Recognition & Assumption of Risk Form  
Agreement to Participate in Athletics**

Every sport has inherent risks, and regardless of the precautions taken, it is impossible to ensure the safety of the participant. All sports require a high level of fitness. It requires quick bursts of speed, long periods of running, and jumping, contact with other participants, and other objects in the area of competition. Athletics can be reasonably safe as long as certain guidelines are followed for each sport.

In any sport, a variety of injuries may occur including, but not limited to, muscle strain, sprains, fractures, contusions, abrasions, and dehydration. Serious and disabling injuries and even death could result from participation in athletics. It is not possible to list each specific risk.

I hereby release, waive, discharge and agree not to sue Baytown Christian Academy, the Athletic Department, or employees from any and all liability, claims, demands, actions and causes of action whatsoever arising out of, or related to, any loss, damage or injury, including death, that may be sustained by my child, whether caused by the negligence of the releases, or otherwise while participating in such activity, or while on the premises where the activity is being conducted.

To help reduce the risk of injury to yourself and other participants, the following safety rules need to be followed during practice and games. (1) Wear all of the equipment given to you by the coaches and/or trainers or doctors, (2) obey the rules of the sport, (3) report any discovered defects in the game or practice area or in the equipment immediately.

I agree to follow the preceding safety rules as well as others given to me by the coach. I also agree to report any injury to the coaching staff on the day that it occurs.

I certify that (1) I am physically fit to participate in athletic competition, (2) I understand that I am free to discontinue activity at any time I feel undue discomfort or stress, and (3) on the following lines is a complete list of any health-related conditions that might affect my ability to participate in any sport.

\_\_\_\_\_ I have read the preceding warning of risks, my coach has explained the hazards to me, and I have had an opportunity to ask questions concerning the safety risks involved in the sports of my choice. Any questions I have asked have been answered to my complete satisfaction. I fully know, understand, and appreciate the risks inherent in athletics, and I am voluntarily participating in this activity with parental permission.

The following are a list of sports in which I plan to participate for the current school year (please circle):

Football	Volleyball	Soccer	Cheerleading
Basketball	Baseball	Softball	
Track/Cross Country	Tennis	Golf	

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**PLEASE LIST ANY MEDICATION OR FOOD ALLERGIES, &  
REACTIONS**

**Student Name:** \_\_\_\_\_

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\_\_\_\_\_  
**Parents Signature(s)**

\_\_\_\_\_  
**Date**

**BAYTOWN CHRISTIAN ACADEMY  
WAIVER OF INSURANCE REQUIREMENT**

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

This document is being submitted to Baytown Christian Academy to claim a waiver to the BCA requirement that all students participating in interscholastic sports must be covered by insurance. At this time my child is not covered by medical insurance that covers health or accident-related injuries.

Furthermore, I understand that Baytown Christian Academy does not provide any insurance for student-athletes that covers injuries sustained while participating in interscholastic sports.

By signing this document, I hereby assume financial responsibility through personal means to cover the cost of any medical attention, hospitalization, and/or surgery provided to my child as a result of illness or injuries incurred while participating in athletics at Baytown Christian Academy.

Furthermore, I release Baytown Christian Academy from any financial liability that arises from illness or injuries incurred by my child while participating in athletics.

***THIS FORM MUST BE NOTARIZED AND ON FILE WITH THE SCHOOL PRIOR TO PARTICIPATION***

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Notary Signature

\_\_\_\_\_  
Date

Notary Seal Below: