



# AMERICAN HERITAGE ACADEMY

FAITH • PATRIOTISM • LEADERSHIP

## 2018/2019 Athletics Registration

### Agreement to Participate

I am aware that playing or practicing in interscholastic sports can be a dangerous activity involving many risks or injury. I understand that the dangers and risks of playing or practicing these activities includes death, serious neck and spinal injuries which may result in complete or partial paralysis or brain damage, serious injury to bones, joints, ligaments, muscles, tendons, and other aspects of my body, general health and well-being. Because of the dangers of participating in these activities, I recognize the importance of following the coach's instructions regarding playing techniques, training, rules of the sport and to obey such instructions. I also understand that in order to maintain my eligibility to participate in interscholastic sports, I must abide by these instructions, as well as all applicable school, team, and state rules. In consideration of American Heritage Academy permitting me to practice, play or try out for the athletic programs, and to engage in all activities related to the team, including practice, play and travel, I hereby voluntarily assume all risks associated with participation and agree to exonerate and save harmless American Heritage Academy, their agents, servants and employees from any and all liability claims, causes of or demands of any kind and nature whatsoever which may arise by or in connection with any activities related to the American Heritage Academy athletics program.

Sport I plan to participate in at American Heritage Academy: \_\_\_\_\_

Student's Name (print): \_\_\_\_\_

Grade: \_\_\_\_\_ Email: \_\_\_\_\_

Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Parental Consent

I have read and kept a copy of the Agreement to Participate in Athletics. Therefore, I understand the potential risks of injury and the responsibilities for my child while participating in athletics at American Heritage Academy. I hereby grant my permission for my child to participate in interscholastic sports.

Parent's Name (print): \_\_\_\_\_

Parent's Email: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Athlete Emergency Information**

Student Name (print): \_\_\_\_\_

Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Street Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Parent Contact: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency Contact (other than parent): \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Any Allergies: \_\_\_\_\_

Insurance company: \_\_\_\_\_

Policy number: \_\_\_\_\_

## **Athletic Consent and Permission to Provide Medical Treatment**

I hereby give my consent and/or permission:

To compete in American Heritage Academy athletics. I give my consent for him/her to go with school authorized drivers on athletic trips. I understand my son/daughter must comply with the eligibility requirements. I have read, understood and agree to the provisions of the American Heritage Academy Parent Handbook.

To obtain medical treatment. I give my permission for my son/daughter to undergo medical treatment for any injury or illness he/she may sustain or acquire while engaged in interscholastic athletics at American Heritage Academy. In the event that serious medical procedures are required, such as surgery or other invasive procedures, I understand that attempts will be made to contact me for my consent. I understand that if my child suffers a potentially life-threatening injury or illness, and in the event I am unable to be contacted within a reasonable period of time, that I authorize any duly licensed medical practitioner to perform such procedures as may be medically necessary to treat the problem.

Student name: \_\_\_\_\_

Parent name: \_\_\_\_\_

Parent signature: \_\_\_\_\_

Date: \_\_\_\_\_

## **Media Release**

At times, during and after the school day, school personnel and/or news media may wish to interview, photograph, audiotape, file and/or videotape students. This material may be used in media that includes: yearbook, newspaper articles, television coverage, websites, internal and external publications, newsletters, video presentations, and/or school presentations. Your signature below authorizes the school to release your child's name, photograph, and/or audio/video/film production for publication related to school functions and activities. Examples may include, student activities, individual or group achievements, and/or sporting events. Once signed and dated, this form shall remain in effect until the end of the current school year. At any time during the school year, however, you may revoke this permission for future use by notifying in writing the headmaster of the school. Please initial one:

Give permission: \_\_\_\_\_

Do not give permission: \_\_\_\_\_

For American Heritage Academy to release my child's name, photograph, and/or audio/visual/film reproduction for publication, broadcast or posting to the American Heritage Academy websites, as described above.