

**Athletic Participation Permission Form**

Instructions: This form must be completed by the parent (s) /guardian of the applicant if the applicant is less than 18 years of age. If the applicant becomes 18 years of age during the school year, the applicant must also sign the athletic participation waiver.

Applicant Information Full Name: First\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: Street\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_ Zip\_\_\_\_\_\_\_\_\_\_\_\_

Grade \_\_\_\_\_ Age\_\_\_\_\_ Date of Birth: \_\_\_\_ /\_\_\_\_ /\_\_\_\_\_\_ Father/Guardian’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mother/Guardian’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Payment of Medical Costs for Injuries: It is understood that payment for treatment of health matters not arising from an injury is the responsibility of the parent (s) /guardian of the Applicant and his/her private health insurance carrier. It is also understood that payment for treatment of injuries resulting from participation in athletic games or practices, physical education classes, or from any other accidental injury while the Applicant is enrolled at Birmingham Sports Academy, either while on campus or off campus during school hours or on a school sponsored activity, shall be the primary responsibility of the applicant’s private health carrier. The applicant insurance, if offered and in effect, is secondary to private insurance and pays the balance thereafter.

Permission for Participation: The undersigned Parent (s) /guardian give permission for the Applicant to take part in all applicant sports and other activities and trips sponsored by Tennessee Valley Prep Sports Academy. If/we do not want the Applicant to take part in any activity we will inform Tennessee Valley Prep Sports Academy in writing at least 48 hours in writing of this decision.

 Warning: We/I also understand that participation in athletic games/programs subjects the Applicant to risk of personal injuries, which on occasion could be severe and could result in total disability, paralysis, or even death. In as much as it is our desire that the Applicant engage in athletic games/programs, we/I absolve and hold Tennessee Valley Prep Sports Academy harmless for any such injuries sustained. We/I further acknowledge that we have read and understand this warning.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_