

BEACON HILL CLASSICAL ACADEMY  
ATHLETIC TEAM PARTICIPATION FORM



PARENT/GUARDIANS:

The students in grade(s) \_\_\_\_\_ have the opportunity to participate in Beacon Hill Athletics:

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

Return this form to school no later than: Prior to participating in any athletic activity

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

In the event of an emergency and the school is unable to reach you, do you authorize school officials to obtain the necessary medical aid including emergency service, if needed at your expense?

I understand that I waive all claims against Beacon Hill Classical Academy, its school board, administration, and staff from any injury, accident, illness, or death occurring during or by reason of my child's participation.

Yes                      No

Permission is given for my child to participate in Beacon Hill Athletics.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
Emergency Telephone

\_\_\_\_\_  
Emergency Contact

\_\_\_\_\_  
Telephone