

**Front Range Baptist Academy
Summer Clearance Information**

Parent or Guardian: This form must be thoroughly completed and signed before your child will be allowed to participate in summer activities starting June of 2020.

Student's Name _____ Date of Birth ____/____/____ (cannot be 19 prior to Aug. 1)
(Please Print)
School Year _____ Grade _____

Insurance Acknowledgment

Front Range Baptist Academy DOES NOT carry any form of accident or medical insurance to pay medical costs should your child be injured. In order for a student to participate, parents/guardians must carry adequate health insurance or be enrolled in an independently offered accident insurance program.

- ____ 1. I maintain adequate personal health and accident insurance for my child.
____ 2. I have enrolled my child in an accident insurance program.

Insurance Company _____
(Please Print)

(If I have insurance policy changes, it is my responsibility to notify the school's athletic office.)

Parent or Guardian Permission

WARNING: Participation in interscholastic athletics includes a risk of injury, which may range in severity from minor to long-term catastrophic. Players must obey all safety rules, report all physical problems to their coaches or athletic trainers follow a proper conditioning program, and inspect their own equipment daily. In addition, because of the frequent close proximity of players involved in athletics, there is a risk that a player(s) may become sick with COVID-19 (Coronavirus). Players must obey all COVID-19 related rules and guidelines. By signing this permission form, I acknowledge reading and understand this warning and the risks assumed. I hereby give my consent for my child to participate in athletic/activities sponsored by Front Range Baptist Academy

I have read all the information on this page and have provided accurate information. I also authorize my child's coach and/or sponsor to secure emergency medical treatment in the event of an injury or accident. District 51 coaches and/or sponsors will attempt to contact parents or guardians as to the injury and/or accident.

Parent/Guardian _____ Parent Phone Number _____
(Print)

Parent/Guardian Date _____
(Signature)