

# MT. BETHEL CHRISTIAN ACADEMY



**EMERGENCY MEDICAL RELEASE FOR:** \_\_\_\_\_  
(student name)

I, \_\_\_\_\_ (parent or guardian) authorize all medical, surgical, diagnostic and hospital procedures as may be performed or prescribed by a physician for (Participant's Full Name) if I cannot be reached in case of an emergency. I hereby grant permission to Mt. Bethel Christian Academy (hereinafter referred to as MBCA) to have my son/daughter treated by a physician if necessary. Both Participant and Parent/Guardian acknowledge that he/she is physically able according to our family physician to participate, and I acknowledge that I am responsible for any and all medical expenses due to my child's illness or injury.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Parent or Legal Guardian)

Emergency Telephone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
Other Emergency Contact: Name \_\_\_\_\_ Phone \_\_\_\_\_

Mt. Bethel Christian Academy requires that all students who participate in athletics be adequately covered by medical or accident insurance. We certify that we have purchased and will maintain in full force and effect during the student-athlete's participation the following insurance policy:

Name of Insurance Company \_\_\_\_\_ Policy No. \_\_\_\_\_  
Street Address \_\_\_\_\_ Group No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Policy Term: From \_\_\_\_\_ to \_\_\_\_\_

### ATHLETIC MINOR WAIVER AND RELEASE LIABILITY

Participant and Parents/ Legal Guardian represents to MBCA that Participant is in physically sound condition and has no disability, illness or other condition preventing Participant from engaging or otherwise participating in any middle school sports, including sports practice. Participant understands and acknowledges that participation in these sports or physical activities involves risk of injury. Participant fully understands, accepts and assumes any and all risks involved or in connection with the participation in these sports and activities. Participant promises and agrees that neither Mt. Bethel UMC nor any representative, employee or person associated with MBCA, or any of its volunteers shall be held liable or responsible for any claims, damages, or losses arising out of or in connection with Participant's use of or presence on Mt. Bethel UMC premises. Participant further promises and agrees to indemnify and to hold MBCA, its representatives and employees and its volunteers harmless from any and all claims, damages or losses arising out of or in connection with participant's transportation to and from activities offsite and participation in activities offsite. Participant further promises and agrees that none of MBCA's employees nor any of its volunteers, shall be liable or responsible for any loss or theft of personal property. MBCA requires that all students participating in athletics receive a physical examination from their personal physician.

Printed Name of Participant: \_\_\_\_\_ Date: \_\_\_\_\_

Address of Participant: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Parent or Guardian (signature): \_\_\_\_\_

Relationship to Participant: \_\_\_\_\_

The attached forms must be completed and returned in order for the student to be eligible to participate in any MBCA sport:

- History Form** – completed and signed by student and parent
- Physical Examination Form and Clearance Form** – completed and signed by student's physician