

2016/2017 Blue Ridge Christian School

Home School Athletic Participation Application

Student's Name: _____

Home Address: _____

Student's Cell Phone: _____ Student's E-mail: _____

Applicant's Date of Birth: _____ Age: _____ Current Grade: _____ Female _____ Male _____

Father's Name: _____ Mother's Name: _____

E-mail: _____ E-mail: _____

Cell Phone: _____ Cell Phone: _____

Are parents' separated _____ or divorced _____? If divorced/separated, list custodial parent or legal guardian:

Step-father's Name: _____ Step-mother's Name: _____

Legal guardian if other than parent(s): _____

Current church you attend: _____

Church Address: _____

By submitting the "Home School Student Application" for sports and the "First Aid and Emergency Medical Care Form," I acknowledge that I desire to enroll my son/daughter in the Blue Ridge Christian School Athletic Program as designated on the application. I understand that my child is expected to follow general school policies contained in the BRCS Parent Student Handbook, and agree with the school's statement of Faith. I also acknowledge that my son/daughter will follow all policies and procedures contained in the *BRCS Athletic Manual*.

In consideration for the opportunity to participate in any BRCS sport in which my child is enrolled, I acknowledge and accept the risk of injury associated with any aspect related to my child's participation, including all related aspects of transportation. I accept full personal responsibility for any injury or associated loss sustained as a result of my child's participation in the sport or during transportation to and from any related activity, as well as medical treatment rendered to my child that is authorized per school personnel (including volunteer BRCS workers) or emergency medical personnel as authorized per the "First Aid and Emergency Medical Care Form." Furthermore, I release and indemnify, defend, and hold harmless Blue Ridge Christian School and its staff

(including volunteers) for any injury arising directly or indirectly from my child's participation in the sport and its related activities.

“Blue Ridge Christian School and the undersigned parents(s)/guardian(s) (the parties to this agreement) mutually agree that any claim or dispute arising out of, or related to, any aspect of athletic activities, including any claim or statutory claims, shall be settled by Biblically-based mediation. If resolution of the dispute and reconciliation do not result from such efforts, the matter shall be submitted to an impartial panel of three arbitrators for binding arbitration. The selection of the arbitrators and the arbitration process shall be conducted in accordance with the Rules of Procedure for Christian Conciliation of the Institute for Christian Conciliation as printed in the Christian Conciliation Handbook. We agree that these methods shall be the sole remedy for any controversy or claim arising between one another in any civil court for such disputes, except to enforce a legally binding arbitration decision. Each party to this agreement, regardless of the outcome of the matter, agrees to bear the cost of his/her own arbitrator and one-half of the fees and costs of the neutral arbitrator and any other arbitration expenses.”

Signature: _____ Date: _____

Signature: _____ Date: _____

Signature: _____ Date: _____

All parents or legal guardians are asked to sign the above.

2016-2017 Home School Athletic Fees:

\$175 – Middle School Level – per sport

\$200 – Junior Varsity Level – per sport

\$225 – Varsity Level – per sport

*A current sports physical must be submitted before participation will be allowed

BRCS - First Aid and Emergency Medical Care

STUDENT'S NAME: _____ Grade: _____ Birthdate: _____

Home Address: _____

Home Phone: _____ - _____ - _____

FATHER: _____

Cell phone: _____

Employer: _____

Employer's Phone Number: _____ - _____ - _____

MOTHER: _____

Cell phone: _____

Employer: _____

Employer's Phone Number: _____ - _____ - _____

Responsible Relative or Friend: _____

Telephone Number: _____ - _____ - _____

Cell Phone: _____

Family Doctor: _____

Address: _____

Telephone Number: _____ - _____ - _____

Family Dentist: _____

Address: _____

Telephone Number: _____ - _____ - _____

Local Hospital Preference: _____

Name of Insurance Company: _____

Policy Number: _____ Telephone Number: _____ - _____ - _____

The following are facts concerning my child(ren)'s medical history, including allergies, medications being taken, and any physical or emotional impairments to which medical personnel should be alerted. Use additional sheet if necessary.

If my child becomes ill or is injured, please proceed with first aid and emergency medical care. I also give my consent for any hospital or emergency treatment facility to provide emergency medical care. I understand the school officials will make every effort to contact me in case of such an emergency.

Parent or Guardian Signature

Date