



TACOMA BAPTIST INTERSCHOLASTIC ATHLETIC ELIGIBILITY & EMERGENCY CONSENT FORM

Last Name _____ First Name _____

Nickname _____ () Male () Female Birthdate _____ Grd _____

Street Address _____

City _____ State _____ Zip _____

Parent/Guardian _____ Cell Ph _____ Home Ph _____

Parent/Guardian _____ Cell Ph _____ Home Ph _____

Medical Insurance

All students attending Tacoma Baptist are required to have medical insurance coverage to participate in athletics. Tacoma Baptist does not assume responsibility for such coverage. Be sure to list both, your insurance company and policy number.

Insurance Company _____ Policy # _____

Emergency Contact Information

Emergency Contact _____ Relationship _____

Home Ph _____ Cell Ph _____ Work Ph _____

Emergency Contact _____ Relationship _____

Home Ph _____ Cell Ph _____ Work Ph _____

Medical Contacts

Preferred Hospital _____ Ph _____

Family Doctor _____ Ph _____

Dentist _____ Ph _____

Health Information

Medication(s) your child is currently taking _____

Allergies _____

Previous major injuries _____

Hospitalization/surgery history _____

Is there any other health or medical information we should know _____

(Please go to side two of this form to complete additional information)

Student Agreement

I understand that I am responsible to adhere to Tacoma Baptist and WIAA rules, standards, and policies while participating in athletic activities at Tacoma Baptist. I am responsible to ensure that the athletic department has confirmed my academic eligibility to participate and that they have a current (annually updated) physical examination form on file.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Parental Agreements and Authorizations

By initialing below, you are giving permission for the following four items.

I give permission for my child to participate in the Tacoma Baptist athletic program. I understand that they are assuming a responsibility to adhere to Tacoma Baptist and WIAA rules, standards, and policies while participating in athletics. I understand that they are responsible to ensure that the athletic department has confirmed academic eligibility and that they have a current (annually updated) Physical History/Examination Form on file.

_____ Parent/Guardian's Initials

I give consent for school or emergency services personnel to apply first aid, secure other medical aid, or ambulance service for my child. I understand that I am liable for all costs associated with medical attention provided for my child.

_____ Parent/Guardian's Initials

I understand that if my child has been seen by a licensed medical practitioner, they must provide a written release form from a licensed practitioner before they can resume practice or participation in athletic activities.

_____ Parent/Guardian's Initials

I understand that since athletic participation is a commitment to a team, my child is responsible to attend all scheduled games and practices unless excused by the coaching staff.

_____ Parent/Guardian's Initials

Transportation Arrangements

I will allow my child to be transported to and from practices by the coaching staff. () Yes () No

I will allow my child to be transported to and from athletic events by school transportation. () Yes () No

I understand that South Sound Christian School District, school personnel, and drivers assume no liability beyond that of reasonable caution and care in conducting transportation to and from practices and athletic events.

My signature below indicates that I understand the risks inherent in student participation in athletics, and that I agree that my child must comply with Tacoma Baptist and WIAA policies and guidelines.

Parent/Guardian Signature _____ Date _____

Printed Name _____