



Albany Christian School Athletic Participation Permission Form



SPORT: BASKETBALL

Grade: _____

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Boys

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Girls

Athlete's Name (Please Print): _____

Person(s) with whom the Athlete Resides: _____

(If living with a guardian, proof of court ordered/appointed guardianship must be presented)

School the Athlete is Currently Attending: _____

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Yes

☐

No

Does the athlete reside within the boundaries of the Albany School District?

An athlete cannot participate in the ACS athletics program unless he/she is covered by a health insurance plan.

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Yes

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No

Athlete is enrolled in an insurance plan and will be throughout the season

Name of Company Providing Coverage: _____

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Yes

☐

No

Athlete has purchased *School Accident Coverage Plan Insurance*

Athletes cannot participate in ACS athletics until the following have been turned in to the Athletic Director:

- ACS Athletic Contract
- Athlete Emergency Information Form
- ACS Waiver of Liability and Hold Harmless Agreement
- COVID-19 Waiver of Liability Form
- This ACS Athletic Participation Permission Form

NOTE: In addition to the above requirements, there may be a participation fee (in lieu of fundraising).

- *I accept full responsibility for the cost of treatment for any injury that my athlete may suffer while taking part in the ACS athletics program.*
- *I agree to meet all of these requirements and give my permission for the my athlete to participate in the ACS athletics program by agreeing to abide by the ACS Athletic Contract.*

Athlete's Signature: _____

Parent/Guardian's Signature: _____

Date: September-2020