



# First Baptist Christian School

201 W. Ocean Blvd., Stuart, FL 34994

(772) 287-5161 (fax) 287-7735

Est. 1974 [www.fbc-stuart.org](http://www.fbc-stuart.org)

## Athletic Registration/Emergency Form

### Athlete information:

\_\_\_\_\_ Last Name  
\_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial

Male:  Female:  Grade: \_\_\_\_\_ DOB: \_\_/\_\_/\_\_\_\_

Residential Street Address: (no PO Boxes)

\_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Parent information:

Parent name: \_\_\_\_\_ Phone \_\_\_\_\_

Parent name: \_\_\_\_\_ Phone \_\_\_\_\_

Email Address: \_\_\_\_\_

Please Circle:

Child resides with: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_

Legal Custody: Both Parents: \_\_\_\_\_ Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Other: \_\_\_\_\_

### Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Physician(s) Name: \_\_\_\_\_

Any Allergies: \_\_\_\_\_ Any Medications: \_\_\_\_\_

In case of accident or serious illness, I ask that the coach contact me. If the coach cannot contact me the coach is to contact and follow the instructions of the physician(s) listed. If the coach cannot contact the physician, the coach may do whatever is needed to provide care and treatment for my child. If the coach is unable to contact either me or my spouse, please contact one of the persons listed above to care for my child. If any person listed on this consent form cannot be reached, the coach has permission to transport my child to the nearest emergency room. I consent to emergency care provided for my child until I can be reached. The information provided on this form is accurate to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date: \_\_/\_\_/\_\_\_\_

\*THIS FORM MUST ACCOMPANY ALL COACHES DURING PRACTICES AND GAMES



Complete back side

FBCS will need all forms completed and submitted together.

(Athletic

Registration/Emergency Form (two pages front & back) form, Physical Evaluation,)

Student may participate in a maximum of three (3) sports, one per sport season. Please indicate your choice(s) by placing a check in the box.

- Fall:**      **Girls' Volleyball**            **Cross Country**            **Soccer**
- Winter:**      **Boys Basketball**            **Girls Basketball**            **Cheerleading**
- Spring:**      **Girls Softball**            **Flag Football**            **Tennis**

**Registration Fees \$85.00 per Sport or Banner or Practice Jersey Sponsorship \$300.00**

Check one  below:

\_\_\_\_\_ \$85.00 (Registration fee) each Sport

**OR**

\_\_\_\_\_ \$300 Banner Sponsorship (banner not included)

\_\_\_\_\_ \$225 Banner Renewal

\_\_\_\_\_ \$300 Practice Jerseys 2017/2018

OFFICE USE ONLY

Date Received \_\_\_\_\_



# FIRST BAPTIST CHRISTIAN SCHOOL PARTICIPATION WAIVER

## Participant Information:

First Name: \_\_\_\_\_ M.I. \_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_

Phone Number: \_\_\_\_\_ School/Team: \_\_\_\_\_

*(PLEASE CIRCLE ALL THAT APPLY)*

Activity:    Girls' Volleyball and Cross Country  
              Boys Basketball and Girls Basketball and Cheerleading Softball  
              and Flag Football and Tennis

## **Terms and Conditions of Participation - Read Carefully Before Signing**

In consideration of my minor child or ward being permitted to participate in the activities referenced above, I hereby attest that, after reading this Sports Participation Waiver completely and carefully, I acknowledge that participation by my child or ward is entirely voluntary, and that I understand and agree as follows:

**RELEASE AND INDEMNITY:** In consideration of the acceptance of my child or ward to participate, I agree, on behalf of my child or ward, to assume the risks incidental to such participation (risks may include, among others, muscle injuries and broken bones), and on behalf of myself, my child or ward, and my and my child's or ward's heirs, executors and administrators, hereby waive, release, covenant not to sue, and forever discharge the Releases defined below of and from all liabilities, claims, actions and causes of action, damages, costs and/or expenses of any nature including, but not limited to, attorney's fees and costs arising out of or in any way connected with the participation of my child or ward in such activity. I further agree to indemnify and hold each of the Releases harmless against any and all such liabilities, claims, actions and causes of action, damages, costs or expenses, including, but not limited to, attorney's fees and costs. I understand that this waiver and release and indemnity agreement includes any claims based on the negligence, action or inaction of any of the above Releases and covers bodily injury (including death) and property damage, whether suffered by my child or ward before, during or after such participation. The Releases are: First Baptist Christian School and First Baptist church of Stuart, and all sponsors, and the parent, subsidiary and affiliated companies, and officers, directors, employees, agents, volunteers, independent contractors, representatives, affiliates, successors and assigns of each of the foregoing.

**PHYSICAL CONDITION/MEDICAL AUTHORIZATION:** I hereby certify that my child or ward is physically fit for participation and has the skill level required and I have not been advised otherwise. I further authorize any emergency first aid, medication, medical treatment or surgery deemed necessary by the attending medical personnel if I am not able to act on my child's or ward's behalf, at my cost; however, I acknowledge that Releases shall have no duty, obligation, or liability arising out of the provision of, or failure to provide, medical treatment.

**EQUIPMENT AND FACILITIES INSPECTION:** I agree that before my child or ward participates in any activity conducted, I or my child or ward will inspect the related facilities and equipment. I, or my child or ward, will immediately advise the manager of any unsafe condition that I, or my child or ward, observe. My child or ward will refuse to participate, and I will refuse to let my child or ward participate until all unsafe conditions observed by me, or my child or ward, have been remedied.

**PUBLICITY RIGHTS:** I further grant the Releases the right to photograph and/or videotape me and my child or ward and further to display, use, and/or otherwise exploit my or my child's or ward's name, face, likeness, voice and appearance forever and throughout the world in all media whether now known or hereafter devised (including without limitation, television, radio, motion pictures, film, print, and the Internet, including but not limited to webcasts, Releases' website(s), Facebook, and YouTube) in connection with exhibitions, publicity, advertising, promotional materials and all other lawful purposes, including without limitation publication of Event results and standings, without reservation or limitation, or further approval. I understand that I and my child or ward will receive no monetary or other compensation for, and hereby release, indemnify, and hold Releases harmless from, all claims, demands, and liabilities whatsoever in connection with, the use of my and my child's or ward's name, face, likeness, voice and appearance. The Releasees are however under no obligation to exercise said rights granted herein.

**GOVERNING LAW:** This Agreement shall be governed by the laws of the State of Florida, I SPECIFICALLY WAIVE THE RIGHT TO TRIAL BY JURY.

**NOTICE TO THE MINOR CHILD’S NATURAL GUARDIAN**

READ THIS FORM COMPLETELY AND CAREFULLY. YOU ARE AGREEING TO LET YOUR MINOR CHILD ENGAGE IN A POTENTIALLY DANGEROUS ACTIVITY. YOU ARE AGREEING THAT, EVEN IF RELEASEES USE REASONABLE CARE IN PROVIDING THIS ACTIVITY, THERE IS A CHANCE YOUR CHILD MAY BE SERIOUSLY INJURED OR KILLED BY PARTICIPATING IN THIS ACTIVITY BECAUSE THERE ARE CERTAIN DANGERS INHERENT IN THE ACTIVITY WHICH CANNOT BE AVOIDED OR ELIMINATED. BY SIGNING THIS FORM YOU ARE GIVING UP YOUR CHILD’S RIGHT AND YOUR RIGHT TO RECOVER FROM RELEASEES IN A LAWSUIT FOR ANY PERSONAL INJURY, INCLUDING DEATH, TO YOUR CHILD OR ANY PROPERTY DAMAGE THAT RESULTS FROM THE RISKS THAT ARE A NATURAL PART OF THE ACTIVITY. YOU HAVE THE RIGHT TO REFUSE TO SIGN THIS FORM, AND RELEASEES HAVE THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

This Agreement shall be binding upon me, my child or ward, and my and my child’s or ward’s heirs, executors and administrators, and assigns.

I certify I am 18 years of age or older and that I am entering into this Agreement as the Parent or Legal Guardian for a minor that is under 18 years of age.

Adult’s Signature:

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Adult’s Printed Name:

\_\_\_\_\_ DATE: \_\_\_/\_\_\_/\_\_\_