

MACON ROAD SPORTS INFORMATION FORM

Athlete's Name: _____ Date of Birth: _____ Age: _____ Grade: _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Athlete's Cell Phone: _____

Father's Name: _____ Wk.Phone: _____ Cell Phone: _____

Mother's Name: _____ Wk.Phone: _____ Cell Phone: _____

Emergency Contact(other than parents listed above):

Name: _____ Phone: _____

Parent's Insurance Company: _____ Insurance Policy Number: _____

Other Insurance Information: _____

List any medical problems of the athlete: _____

Family Doctor: _____ Phone Number: _____

Hospital Preference: _____

Macon Road Sports Waiver for Competing in Sports for the Current School Year

In consideration of the participation of my child to participate in Macon Road Baptist School athletic activities and to travel to and from practices and games on the Berclair Campus, East Campus, and Lakeland Campus., (hereafter as "event") the undersigned, for ourselves, our respective heirs, executors, administrators and assigns, jointly and severally forever release and discharge and agree to indemnify and hold harmless Macon Road Baptist Church, Macon Road Baptist School, and any and all participating sponsors, and directors, and teachers, and the administration, officers, employees, and agents of such parties from and against any and all demands, claims for damages and causes of action, known or unknown, that the undersigned may have for any and all injuries to persons or property in any manner arising or resulting from such participation in said event except only in such demands, claims or causes of actions which may result from the gross negligence of any such party, such exception to apply only to such grossly negligent party. Each of the undersigned attest and verify that we have full knowledge of the risks involved in the participation in this event, that we assume these risks, and that we will assume and pay any and all medical and emergency expenses of the participant in the event of an accident, illness, or other incapacity, regardless of whether we have authorized such expense, and that the participant is physically fit and sufficiently trained to participate in the event.

I also hereby grant permission and consent for the rendering of medical treatment to the athlete in the event of injury.

This form MUST be notarized for the parent's or legal guardian's signature.

The parent or legal guardian must sign this release before the student will be allowed to participate in MRBS Athletics for the current school year.

Parent's Signature: _____

Student's Name: _____

Date: _____