

**BLOOMINGTON CHRISTIAN SCHOOL
LIABILITY AND INSURANCE RELEASE**

CERTIFICATION OF MEDICAL INSURANCE

Due to the increasing cost of liability insurance to cover athletic participation, we are forced to require that the family of each athlete have a medical insurance plan that would accommodate any injury sustained by your child during any school-sponsored athletic event, whether it takes place on or off the campus of Bloomington Christian School.

Most families already have a policy, which covers such accidents. Without such a medical plan or an accident insurance policy, **WE CANNOT ALLOW YOUR CHILD TO PARTICIPATE IN ATHLETICS.**

Please fill in the form below. By signing this form you agree that you will bear the financial responsibility for any injury sustained by your child during a practice or game, on or off the Bloomington Christian School campus. (Of course, this would not include cases of gross negligence.)

Our goal is to continue to provide a safe, enjoyable and fulfilling experience for your sons and daughters while completing in athletics within a Christ-centered environment.

Student Name: _____

Name of Insurance Policy: _____

Policy or Group Number: _____ Expiration Date: _____

I agree not to make a claim against Bloomington Christian School for an athletic accident as described in the third paragraph above.

Parent Signature

Date

CONSENT FOR EMERGENCY TREATMENT

I, _____, parent/guardian of _____ in consideration of my child the opportunity to participate in interscholastic activities, hereby give my consent for emergency medical treatment, hospitalization or other medical treatment as may be necessary for the welfare of the above named child, by a qualified physician, nurse, and/or hospital, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Bloomington Christian School, and any of its agents or employees, arising out of such medical treatment.

Date

Parent/Guardian Signature

AUTHORIZATION FOR ATHLETIC TRAVEL

I, _____ (Legal Guardian) give my permission for

(Son/Daughter) _____ to travel to and from all events. This includes games, meets, practices, outings with staff/coaches/parent drivers, when necessary. I further agree not to hold in fault the coaches, staff, administration, of BCS for any injuries that might occur because of car-pooling.

Signature of Legal Guardian _____ Date _____ Phone # _____

***No Student may drive themselves or other students to any out of town contests.