

PANTHERS

BELL CREEK ACADEMY

Bell Creek Academy High School

Sports Participation Packet

Checklist

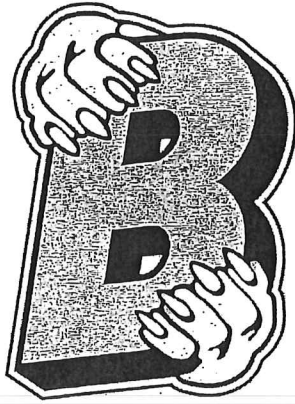
All information in this packet must be completed before your student may participate in any
Bell Creek Academy High School Sport.

- ☐ Student Information
- ☐ Sports Agreement
- ☐ Informed Consent/General Release
 - ☐ FHSAA form EL2
 - ☐ FHSAA form EL3

This packet has been reviewed by the following:

Athletic Director Initials _____

Administrator Initials _____



PANTHERS

BELL CREEK ACADEMY

Bell Creek Academy High School

Student Name: _____ Home Phone: _____

Address: _____

City: _____ Zip Code: _____

Gender: M/F Date of Birth: _____ Age: _____ Grade: _____

Father's Name: _____ Daytime Phone #: _____

Mother's Name: _____ Daytime Phone #: _____

Alternate Emergency Contact Person: _____

Relationship: _____ Phone #: _____

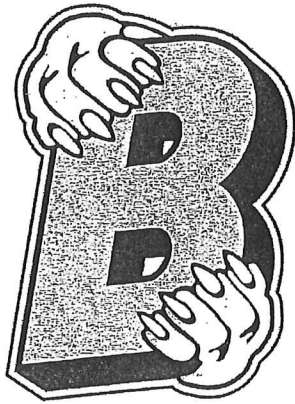
Medical Insurance Company _____ Policy # _____

Family Physician's Name: _____ Phone # _____

Address: _____ City: _____

Allergies or Special Conditions: _____

NOTE: In the event of an emergency medical situation, even with the form, the chaperone will attempt first to contact the student's parent/guardian.



PANTHERS

BELL CREEK ACADEMY

Bell Creek Academy High School

Sports Agreement

I, _____ (Name), understand that participation in the Bell Creek Academy High School sports program is contingent on my grades and behavior. My teacher in each subject area will mark the eligibility form weekly. I further understand that I must maintain a "C" or better average in all subjects and conduct.

I also understand that I must attend practice and wear my sports uniform at each game or I will not be eligible to play.

Student Signature

Parent Signature

Bell Creek Academy High School

AUTHORIZATION AND REQUEST FOR TRANSPORTATION OF STUDENT IN PRIVATELY OWNED VEHICLE AND RELEASE OF LIABILITY FORM

Transportation in private vehicles will be necessary during an athletic season at Bell Creek Academy High School. We often depend on coaches and parent volunteers to help transport players to games. Each athlete's parent(s) or guardian(s) must give prior written consent for the student to be transported by private vehicle. Each vehicle operator must be licensed and carry liability insurance coverage required by Florida State Law. All automobiles used for transportation must be insured and in safe operating condition.

To the Principal of BCH:

I hereby give my consent for my son/daughter: _____

(Print legibly)

To be transported by private vehicle _____ YES _____ NO

for practices, games and other related Sport(s) activities.

We/I agree to release Bell Creek Academy High School, Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy High School, including its agents, employees, representatives, coaches and volunteers, from any liability in connection with being transported by private vehicle.

Parent/ Legal Guardian

Date

Parent/Legal Guardian

Date

DRIVER ACNOWLEDGMENT

I volunteer to provide transportation for the school related functions identified below and affirm the following:

- A. I have a valid vehicle operator's license
- B. My vehicle is in a safe, serviceable operating condition and there are seat belts for each passenger
- C. I currently have in effect vehicle liability insurance with minimum coverage of 50/100/50 (Carrier Name/Policy Number _____ / _____)
- D. I am aware that I must travel directly to and from events

The sport Season of: _____

Destination/purpose: _____

Driver of Vehicle (Please Print) _____

Driver of Vehicle (Signature) _____

PARENTS / GUARDIANS OF STUDENT DRIVER:

We/I consent to _____ transporting
herself/himself only by private vehicle for the school related functions(s) identified
above.

ADVANTAGE ACADEMY OF HILLSBOROUGH, INC.
d/b/a BELL CREEK ACADEMY/ BELL CREEK ACADEMY HIGH SCHOOL
Hillsborough County, Florida
INFORMED CONSENT AND GENERAL RELEASE FROM LIABILITY –
INTERSCHOLASTIC/CLUB/SCHOOL SPORTS PARTICIPANTS

Because participation in Interscholastic/Club/School sports activities can be dangerous, Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School requires all participants and their adult parent(s) or guardian(s) to be informed of, acknowledge, and assume all risks associated with participation in interscholastic sports activities by signing this Informed Consent and General Release from Liability.

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 ADVANTAGE ACADEMY OF HILLSBOROUGH, INC. d/b/a BELL CREEK ACADEMY/BELL CREEK ACADEMY HIGH SCHOOL USES 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 ADVANTAGE ACADEMY OF HILLSBOROUGH, INC. d/b/a BELL CREEK ACADEMY/BELL CREEK ACADEMY HIGH SCHOOL 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 ADVANTAGE ACADEMY OF HILLSBOROUGH, INC. d/b/a BELL CREEK ACADEMY/BELL CREEK ACADEMY HIGH SCHOOL HAS THE RIGHT TO REFUSE TO LET YOUR CHILD PARTICIPATE IF YOU DO NOT SIGN THIS FORM.

Acknowledgment and Assumption of Risks: I acknowledge and understand there are inherent risks and dangers associated with playing interscholastic sports which include, but are not limited to, personal injury, death, permanent disability, disfigurement, disease, sickness, and other similar dangers which could result and which my child could suffer as a consequence of his/her participation in sports activities. I further acknowledge and agree that Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School is not the guarantor of my child's safety, cannot guarantee my child's safety, and has made no representation or warranty to me regarding my child's safety. I expressly assume any and all risks and dangers associated with my child's participation in sports activities and assume full responsibility and liability for any and all injury and loss resulting from such participation.

Consent and Release From Liability: For and in consideration of my child being permitted to participate in the Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School interscholastic sports activities, I hereby voluntarily release, discharge, waive, and relinquish any and all claims or actions for damages for personal injury, permanent disability, death, or property damage which I or my child may have, or which may hereafter accrue to me or my child, as a result of my child's participation in interscholastic sports activities during play and while I am/my child is at the facility while others play or for any other reason. This release is intended to discharge, in advance, Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy High School, its officers, employees and agents, and the owners and maintainers of any facility used for the activities, from any and all liability arising out of or connected in any way with my child's participation in sports activities, including sports camps or clinics, even though that liability may arise out of negligence or carelessness on the part of Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy High School, its officers, agents or employees. I agree to assume all risks and dangers associated with my child's participating in sports activities, and I hereby release and hold harmless Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School, its officers, employees or agents and the owners and maintainers of any facility used for the activities, its officers and agents used for the activity, who through negligence or carelessness might otherwise be liable to me or to my child (or my heirs or assigns) for damages. I further agree to indemnify and hold harmless Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School, its officers, employees and agents for any loss, liability, damage, cost or expense which they may incur as a result of any injury or property damage I or my child may sustain while participating in the activity. I further understand and agree that this release, discharge, waiver, and assumption of risk is to be binding on my and my child's heirs, executors, administrators, and assigns.

Voluntary Participation: Fully informed and knowing of the risks, I have voluntarily applied for my child to participate in the Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School interscholastic sports activities. I agree to comply with the program's stated and customary terms and conditions for participation according to Advantage Academy of Hillsborough, Inc. d/b/a Bell Creek Academy/Bell Creek Academy High School. If I observe any significant changes with regard to my child's readiness for participation in the program, I will remove my child from the program immediately.

I have read this Informed Consent/General Release from Liability and agree it is a full release from liability and waiver of any and all claims on behalf of myself and my child, and I am relinquishing rights by voluntarily signing this document.

Signature of Parent/Guardian: _____ Date: _____

Address: _____ City: _____ Zip: _____

I have read this Informed Consent/General Release from Liability, I acknowledge and understand the seriousness of the risks involved in participating in this program and my personal responsibilities for adhering to rules and regulations, and I assume the risks and accept the responsibilities as a participant. (To be signed by all players/participants who are age 12 and older.)

Name of Participant (Print): _____ DOB: _____

Participant's Signature: _____ Date Signed: _____

CONCUSSION Information Sheet



This sheet has information to help protect your children or teens from concussion or other serious brain injury. Use this information at your children's or teens' games and practices to learn how to spot a concussion and what to do if a concussion occurs.

What Is a Concussion?

A concussion is a type of traumatic brain injury—or TBI—caused by a bump, blow, or jolt to the head or by a hit to the body that causes the head and brain to move quickly back and forth. This fast movement can cause the brain to bounce around or twist in the skull, creating chemical changes in the brain and sometimes stretching and damaging the brain cells.

How Can I Help Keep My Children or Teens Safe?

Sports are a great way for children and teens to stay healthy and can help them do well in school. To help lower your children's or teens' chances of getting a concussion or other serious brain injury, you should:

- Help create a culture of safety for the team.
 - › Work with their coach to teach ways to lower the chances of getting a concussion.
 - › Talk with your children or teens about concussion and ask if they have concerns about reporting a concussion. Talk with them about their concerns; emphasize the importance of reporting concussions and taking time to recover from one.
 - › Ensure that they follow their coach's rules for safety and the rules of the sport.
 - › Tell your children or teens that you expect them to practice good sportsmanship at all times.
- When appropriate for the sport or activity, teach your children or teens that they must wear a helmet to lower the chances of the most serious types of brain or head injury. However, there is no "concussion-proof" helmet. So, even with a helmet, it is important for children and teens to avoid hits to the head.



Plan ahead. What do you want your child or teen to know about concussion?

How Can I Spot a Possible Concussion?

Children and teens who show or report one or more of the signs and symptoms listed below—or simply say they just "don't feel right" after a bump, blow, or jolt to the head or body—may have a concussion or other serious brain injury.

Signs Observed by Parents or Coaches

- Appears dazed or stunned.
- Forgets an instruction, is confused about an assignment or position, or is unsure of the game, score, or opponent.
- Moves clumsily.
- Answers questions slowly.
- Loses consciousness (*even briefly*).
- Shows mood, behavior, or personality changes.
- Can't recall events *prior to or after* a hit or fall.

Symptoms Reported by Children and Teens

- Headache or "pressure" in head.
- Nausea or vomiting.
- Balance problems or dizziness, or double or blurry vision.
- Bothered by light or noise.
- Feeling sluggish, hazy, foggy, or groggy.
- Confusion, or concentration or memory problems.
- Just not "feeling right," or "feeling down."

Talk with your children and teens about concussion. Tell them to report their concussion symptoms to you and their coach right away. Some children and teens think concussions aren't serious or worry that if they report a concussion they will lose their position on the team or look weak. Be sure to remind them that *it's better to miss one game than the whole season.*

To learn more, go to www.cdc.gov/HEADSUP



Centers for Disease
Control and Prevention
National Center for Injury
Prevention and Control