



**Athletic Participation Student & Parent Consent Form**  
For School Year \_\_\_\_\_

**PART I: ATHLETIC PARTICIPATION**

Name \_\_\_\_\_  
(Last) (First) (Middle Initial)

Home Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_ Date of Birth \_\_\_\_\_

**INDIVIDUAL ELIGIBILITY RULES**

For policy on ACAA eligibility, please read the policy in the *ACAA Athletic Manual*, found on the ACAA website, [www.alabamachristianathletics.com](http://www.alabamachristianathletics.com). (NOTE: In addition, a school may enforce additional academic eligibility requirements.)

Each student-athlete must have submitted a completed *Athletic Participation Student & Parent Consent Form* to their school office before participation of any kind as a member of a sanctioned athletic team.

Eligibility to participate in athletics is a privilege you earn by meeting the above minimum standards, but also all other standards imposed by the ACAA. If you have any question regarding your eligibility or are in doubt about the effort an activity might have on your eligibility, check with the Athletic Director for interpretation.

**PART II: ACKNOWLEDGEMENT OF RISK AND INSURANCE STATEMENT**

I give permission for \_\_\_\_\_ to participate in any sport or team sponsored by ACAA and this school **except** \_\_\_\_\_.  
(Please list ALL sports that you do NOT want your son or daughter participating in).

I have reviewed the individual eligibility rules and I am aware that with the participation in sports comes the risk of injury to my child/ward. I understand that the degree of danger and the seriousness of the risk varies significantly from one sport to another, with contact sports carrying the higher risk. I, hereby, waive and release any and all claims for damages, personal injury, death, loss of property, or property damaged as a result of participation in sports. I am aware that participating in sports will involve travel with the team. I acknowledge and accept the risks inherent in the sport and with the travel involved.

**By signing below you acknowledge that you have read the above information and consent to abide by the Eligibility Requirements, and you agree to the Risk Acknowledgement listed above.**

Parent \_\_\_\_\_

Date \_\_\_\_\_

Student \_\_\_\_\_

Date \_\_\_\_\_

One copy per athlete. Keep on file in your school/athletic office.