

2024-25 BCMS Registration/Emergency Contact Form

To register:

1. Complete this form and return it to the **Activities Office**.
2. Pay the \$80.00 fee with this form (cash or check).
3. BCMS must have a copy of a current physical on file before they can begin practices.

☀ PARTICIPANT INFORMATION

Last Name _____ First Name _____ M.I. _____

Parent's Email Address _____ School _____ Grade _____

Parent/Guardian _____ Phone _____

Parent/Guardian _____ Phone _____

☀ EMERGENCY INFORMATION

Please list one **additional** person whom we can call between 2:30 and 7:30 p.m. if medical treatment is necessary.

Name _____ Phone Number(s) _____

In case of an accident or serious illness, I request the school contact me. If the school is unable to reach me or persons named above, I authorize the school to call the physician indicated below and to follow his/her instructions. If this physician is unable to be contacted, the school may make whatever arrangements necessary.

Physician Name _____ Phone Number _____

☀ **Please list and explain any medical concerns (i.e. asthma, allergies, diabetes, current injuries, etc.)**

☀ ACTIVITY CHOICE (Check ONLY those being paid for at this time.) \$80.00

FALL

- ____ Cross Country
- ____ Football
- ____ Soccer Boys
- ____ Soccer Girls
- ____ Tennis Girls
- ____ Volleyball

WINTER

- ____ Girls Basketball
- ____ Boys Basketball
- ____ Wrestling

SPRING

- ____ Baseball
- ____ Golf
- ____ Softball
- ____ Tennis Boys
- ____ Track & Field

☀ **PERMISSION:** By signing this form, I hereby give permission for our son/daughter to participate in the activity checked above. I acknowledge that by its nature, participation in interscholastic athletics includes the risk of injury which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Players can help reduce the chance of injury by obeying all safety rules, reporting physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. I also acknowledge the expectations and requirements to participate in extracurricular activities as stated in the student handbook and agree to abide by these policies.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

For office use only.

____ Current physical on file at BCMS.

____ Payment given to BCMS Activities Office