

Athletics – Insurance / Uniform Waiver

Athlete Name: _____ Grade: _____

Sport(s): _____

FEES:

An annual participation fee of \$150 for one sport /\$300 for two or more sports is assessed from each student participating in athletics. **Please make check payable to Bellevue Christian School , attach it to this form and submit it to the Athletic Office.**

INSURANCE:

Please check the appropriate box and fill in the name of your insurance carrier, if applicable.

() The above named athlete is covered by our family health plan. The company providing coverage is _____

When an athlete is insured by family health coverage, the School-Time-Only accident insurance coverage pays only those benefits for eligible expenses not paid by your other insurance.

() The above named athlete is covered only by the School-Time-Only accident insurance plan provided by BCS.

UNIFORMS:

The Athletic Department at BCS will provide each school team member with a uniform. It is the athlete's responsibility to keep the uniform clean and in good condition. If the athlete loses the uniform assigned to them (please do not trade or loan uniforms) he/she is responsible for funding the replacement cost of that uniform. Please see that the uniform is WASHED AFTER EACH TIME IT IS WORN! Uniforms that are not laundered after each use become stained and are not presentable to be worn for the following season and the appropriate replacement costs will be assessed. **PLEASE RETURN UNIFORMS IMMEDIATELY AFTER THE SEASON IS FINISHED! COACHES WILL GIVE INSTRUCTIONS AS TO HOW AND WHEN THIS SHOULD BE DONE!**

I HAVE READ AND UNDERSTAND THE ABOVE INFORMATION:

STUDENT SIGNATURE _____ DATE _____

PARENT SIGNATURE _____ DATE _____

****PARENT EMAIL ADDRESS** _____