

# Grand River Academy

## *Required Athletic Forms*

### **2023-2024**



These forms must be filled out correctly and submitted to the Athletic Director prior to participation in any sport(s). **MAIN OFFICE and COACHES can not accept.**

### **Checklist**

**(Make sure all forms have required student & parent signatures:**

- ☐ 1. Emergency Information Form
- ☐ 2. Interscholastic Athletic Medical Consent and Physical Form-must be dated and have Dr. signature
- ☐ 3. Dangerous Sport Form (*with concussion fact sheet-parents keep fact sheet*)
- ☐ 4. Student Transportation Permission Form
- ☐ 5. Student and Parent Athletic Contract
- ☐ 6. Pay to Play Contract-**Turn in AFTER try-outs with \$25 cash**

# Emergency Information Form



School Name \_\_\_\_\_

Student Athlete's Legal Name \_\_\_\_\_

Address \_\_\_\_\_

Birth Date \_\_\_\_\_ Age \_\_\_\_\_

Father's Name \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Mother's Name \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Legal Guardian (if other than above) \_\_\_\_\_

Email: \_\_\_\_\_ Cell Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Family Physician \_\_\_\_\_

Physician Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Medical Problems or Allergies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

In case of accident or illness, I request the coach to contact me. If unable to reach me, and the emergency is acute, I hereby authorize permission to seek emergency medical care, including transportation to an emergency room. I hereby authorize the physician in charge to administer whatever emergency treatment is necessary at my expense.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

## Interscholastic Athletic Medical Consent & Physical Form



### TO BE COMPLETED BY THE PARENT

Both parts of this form must be completed before your son/daughter can participate in interscholastic athletic practices or contests. Your cooperation is appreciated.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last (please print) First

Grade (circle): 5<sup>th</sup> 6th 7th 8th Sex (circle): M F

Circle all sports interested in participating in:

Fall: Boys Soccer Girls Volleyball

Winter I: Boys Basketball

Winter II: Girls Basketball

Spring: Girls Soccer

Birth Date \_\_\_\_\_ Place of Birth (State and Country) \_\_\_\_\_

School Attended Last Year \_\_\_\_\_

Name of Doctor \_\_\_\_\_ Phone ( \_\_\_\_\_ ) \_\_\_\_\_

Doctor's Address \_\_\_\_\_

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**TO BE COMPLETED BY THE DOCTOR- You must include a current copy of your child's physical (within past year)**

Physical Form: [CLICK HERE](#)

Student \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Medical History:

Allergies \_\_\_\_\_

Seizures \_\_\_\_\_

Concerns as to why this student should not participate in athletics \_\_\_\_\_

I hereby certify that I have examined the above-named student and there appears to be no medical reason why he/she is not physically able to compete in supervised athletic activities at his/her academy.

\_\_\_\_\_  
Doctor Signature

\_\_\_\_\_  
Date of Actual Physical

**If the physical is more than one year old, it is not acceptable.**

## Dangerous Sport Form



[CLICK HERE TO REVIEW HEADS UP CONCUSSION FACT SHEET](#)

Please circle all sports that your child is/may be playing:

***Soccer***      ***Volleyball***      ***Basketball***

is a potentially dangerous sport. There is a possibility of physical contact, and there is a chance of injury. Even though this chance exists, I give my child permission to participate in the above sport/season.

\_\_\_\_\_  
Parent/Legal Guardian (print name)

\_\_\_\_\_  
Parent/Legal Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Student Athlete (print name)

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

## Sports Waiver Form



Dear Parent/Guardian:

During the school year, your daughter or son may become involved in athletics at a National Heritage Academies (NHA) school. NHA will NOT be liable for any injury sustained by a student because of a medical condition (diagnosed or undiagnosed) which the student had prior to engaging in the sports activity. It is your responsibility to see that your daughter or son is physically able to participate in athletics. You must obtain a thorough physical from your family physician. Further, NHA will NOT be liable for any injury sustained by a student during the normal course of the sports activity.

***Please sign this waiver to enable your daughter/son to be eligible for participation in athletics and confirm you read and reviewed the Heads Up Concussion form.***

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

# Student Transportation Permission Form



National Heritage Academies does not provide any form of transportation to and from sporting events.

The most ideal situation would be to have transportation provided by the student's parent or legal guardian.

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If I am unable to provide transportation, I give my permission for my child to be transported to and from sporting events by someone other than myself.

In case of an accident, I will not hold the driver of the vehicle or anyone associated with National Heritage Academies liable.

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Student Name

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Parent/Legal Guardian (print name)

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Parent/Legal Guardian Signature

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Date

## Student and Parent Athletic Contract



I have read this National Heritage Academies Parent and Student Athletic Handbook and am willing to abide by the conditions therein for the current school year. I realize that being a participant of the athletic program is a privilege and I will distance myself from any activities that would in any way bring discredit to the academy or myself. I also agree to abide by all team rules, philosophy, principles and expectations.

**Student-Athlete Pledge:** As a student-athlete, I know I am a role model and leader. I understand the spirit of fair play while working hard. I will refrain from engaging in all types of disrespectful behavior, including inappropriate language, taunting, hazing, trash talking, and unnecessary physical contact. I know the behavior, class and attendance expectations of my school. I hereby accept the responsibility and privilege of representing this school and community as a student-athlete.

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Student Athlete Signature

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Grade

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School Year

**Parent Pledge:** As a parent or legal guardian, I acknowledge that I am a role model and must lead by example. I will remember that school athletics is an extension of the classroom, offering learning experiences for my child. I will show respect for all players, coaches, administrators, spectators, and support groups. This respect includes all communication whether it's verbal, written or email. I will participate in cheers that support, encourage, and uplift the teams involved. I understand the spirit of fair play and that good sportsmanship is expected by our school. I hereby accept my responsibility to be a model of good sportsmanship that comes with being the parent of a student athlete.

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Parent/Guardian Signature

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Date

## Grand River Academy Athletics Pay to Play Agreement

In order to offset the increasing cost of Grand River Academy Athletics, the Grand River Board of Directors has adopted a sports policy requiring each participant to pay a **\$25** fee (CASH ONLY), per sport, per season, to participate in the athletic program.

Payment is due **BEFORE** the 1<sup>st</sup> game. If the \$25 fee is not paid, the athlete will not receive a uniform or be able to participate in practices/games until it is. Uniforms are school issued and must be returned at the end of the season. Any lost and/or damaged uniforms will be charged a fee to replace.

All the *required* forms must be turned in **before** the first day of practice/tryouts. A **current** physical must be received before the first game. If all forms are not turned in, the student may not continue to practice and will not be allowed to play in any games until it is.

Both required forms and fees must be turned in to the athletic office to the athletic director only.

**The main office and coach can not accept paperwork and/or payments.**

Thank you for supporting Grand River Academy athletic opportunities. If you have any questions, please feel free to contact the Athletic Director Hally Johns, CMAA at [102.hjohns@nhaschools.com](mailto:102.hjohns@nhaschools.com)

***You must fill out the bottom portion of this form and include it with your payment of \$25 in an envelope to the athletic director with your child's name on the front. Exact cash is required and appreciated. A receipt will be given upon receiving.***

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Student First and Last Name (please print): \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Sport you are paying for: \_\_\_\_\_

Date Paid: \_\_\_\_\_