

Athletic Participation & Release Form 2025-2026

Naples Christian Academy (NCA) **does not carry personal injury insurance on student athletes**. It is the responsibility of the parent to provide coverage through their own medical plan to cover any and all injuries that may occur as a result of participation in practices or games and contests which are part of the NCA sports program.

Therefore, signing this form to allow your child to participate in NCA sports, releases and holds harmless, NCA in the event of an accident or injury while participating in athletics. You are encouraged to consult with your insurance provider to assure adequate protection in the event of an injury and to purchase additional supplemental insurance as needed to provide adequate protection in the event of injuries.

Emergency Information

Student Name	Date
Allergies	
Food:	
Drugs/Penicillin:	
Previous Serious Illness: $_$	
Current Medication(s):	
Special Diet: _	
	Emergency Contacts
people will also be contacted o	e custodial parent or legal guardian and the persons listed below. The following and are authorized to pick-up the child from the facility in case of illness, ome reason, the custodial parent or legal guardian cannot be reached:
Name and Phone Number _	
Name and Phone Number $_$	

<u>Terms For Participation in The NCA Sports Program</u>

- Parents agree to be available to serve as a volunteer for the sports program and/or sports booster club, which may include serving as a scorekeeper or being available to drive to and from off campus practices and games.
- Students on academic or behavioral probation may not participate in the after school athletic program unless an administrative exemption is made.
- Students must be in attendance for a minimum of four (4) class periods on the day of a game or practice in order to participate that day unless an administrative exemption is made.

- Players must also demonstrate Christ-like attitudes and behavior when they are representing the Academy, whether on campus for practices and games, or while traveling to and visiting other schools.
- The Academy reserves the right, at any time, to terminate or suspend the enrollment of any student in the sports program whose conduct/behavior or the conduct/behavior of his/her parents, falls short of the standards of the Academy, or where the Academy, in its discretion, decides that such action is appropriate under the circumstances.
- Parent/custodian hereby authorizes Naples Christian Academy to take participant to any hospital or licensed physician for medical treatment in the event of an emergency in which neither parent/custodian can be reached.
- The undersigned participant and the legal custodian hereby consent to the participation of the athletic program under the sponsorship of Naples Christian Academy, Naples, FL an incorporated association; its agents, servants, and members. In making such consent participation and custodian knowledge that they understand that there are risks to both persona and property associated with engaging in such activity, and they hereby consent to assume such risk.
- In consideration of granting permission by Naples Christian Academy, its agents, servants, and members for the participation in such activity by participant and custodian hereby, release and exonerate Naples Christian Academy, its agents, servants, and members from any and all liability of every nature and kind pertaining to such activity or the participation therein by participant. Participant and custodian expressly covenant not to sue and do hereby waive and relinquish whatever right either may have or which otherwise might occur again Naples Christian Academy, its agents, servants, and members by virtue of the sponsorship and supervision of such activity and/or the participation therein by participant.
- Participant and custodian hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care to be rendered to participate under the general or special supervision and the advice of a licensed physician, surgeon, anesthesiologist, dentist, or other qualified medical personnel acting under their supervision.
- Parent/custodian hereby authorizes licensed physical or medical treatment center to treat participant in case of an emergency in which neither parent/custodian can be reached.
- The consent, waiver and/or release provisions hereof shall remain in full force and effect until written notice of revocation or withdrawal is received by Naples Christian Academy.

Print Parent Name	Date	
Parent Signature	Date	