

Acadiana Christian Athletics Registration

Parent/Guardian Name

Student-Athlete Name

I/We, the parent/guardian, of the below named hereby give my consent to participate in any and all activities conducted by Acadiana Christian Athletics(ACA) at designated practice and game facilities which vary by sport. For example football and cheerleading are conducted at Moore Park, St. Julien Park, Broussard Park, Clark Field. I/We are aware of the risks and hazards inherent with physical activity and exertion.

I/We assume all risks and hazards incidental to such participation, including transportation to and from the activities.

I/We do hereby waive, release, absolve, indemnify, and agree to hold harmless the ACA Organization and/or Board of Directors, Lafayette Parks and Recreation, Moore Park/LYSA, St. Julien Park, The City of Broussard and/or the practice or game facility owners, organization, the organizers, sponsors, supervisors, volunteers, and participants for any claim arising out of an injury to myself and/or my child. This includes any injury or death that may result while transporting myself/my child to and from activities, whether the result of negligence or for any other cause, except to the extent and in the amount covered by accident or liability insurance. As in exposure to any individual or group physical activity there is an inherent risk of injury. Risks of participation in these events are minimal. However, injury can occur and include but are not limited to: abrasions, contusions, lacerations, sprains, strains, fractures, head trauma, heat stroke, myocardial infarct, and sudden death. In general, the inherent risk is less than or equal to what an athlete is exposed to while participating in most sponsored sporting supervised events.

I/We, the parent/guardian consent to the use of video and photographic imaging of ACA activities in while I/my child participates. I/We, the parent/guardian understand that some ACA activities may include video and/or photographic recordings. The images are to be under the exclusive ownership of ACA and are used only for educational and marketing purposes as they relate to ACA. I/We, the parent/guardian understand that there is no compensation for the generated images.

I have been given an opportunity to have any questions answered to my satisfaction. I have read and understand the above.

Parent/Guardian Signature Date

Student-Athlete Signature Date

Acadiana Christian Athletics Registration

General Medical Release

Applicant Name: _____

The medications listed below are over-the-counter (OTC) medications that may be carried by the Acadiana Christian Athletics' Staff.

Please check next to each to confirm that they may be given as indicated:

- Triple Antibiotic Ointment as needed for minor wounds__
- Hydrocortisone Cream as needed for skin irritation__
- Ibuprofen 200 mg 1 or 3 tablets every 6 hours as needed for pain or fever__
- Icy/Hot (muscle rub) – Menthol 2.5% as needed for muscle aches__
- Antacid Tablets 1 or 2 tablets every 4 hours as needed for leg cramps, heartburn, indigestion__
- Benadryl 1 or 2 tablets as needed for allergic reaction__
- Allergy Topical Ointment as needed for insect bites__
- Salt tabs for cramping__

List any allergies:

List any medical conditions and explain:

I give my consent to the administration of over-the-counter (OTC) medication to my minor child as indicated above. I also give my consent for Acadiana Christian Athletics, Inc. (ACA) board members, coaches and athletic trainers, if I am not present during any ACA sponsored event, to make the necessary decisions for my child's medical care, to include calling 911 and/or any other treatment deemed necessary to care for my child.

Parent/Guardian Signature

Date Signed

Printed Name