

**U.I.L. Athletic Participation Form**  
Nazarene Christian Academy

Grade for 20\_\_ - 20\_\_ school year 7 8 9 10 11 12      Sex: M F

**Background Information** .....

Full Name \_\_\_\_\_ Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

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

Father's Home Phone \_\_\_\_\_ Father's Work/Cell Phone \_\_\_\_\_

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

Mother's Home Phone \_\_\_\_\_ Mother's Work/Cell Phone \_\_\_\_\_

**Emergency Information** .....

Person to contact in case of emergency if parents cannot be reached.

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Primary Care Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Known allergies to medication \_\_\_\_\_

Medication regularly taken \_\_\_\_\_

Medical concerns \_\_\_\_\_

**Insurance Information** .....

Name of insured party \_\_\_\_\_ Group # \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy ID # \_\_\_\_\_

Company Address \_\_\_\_\_ Company Phone # \_\_\_\_\_

I have completed the Medical History Report on this form and affirm that it is correct. I have read and understand the U.I.L. and N.C.A. rules on this form and agree that my son/daughter will abide by them.

The above named student is now under my control and in my custody. I hereby give my consent for the above named student to compete in the University Interscholastic League for Nazarene Christian Academy approved sports and go with a coach or school representative, or any parent, on any field trip or to games. The parents herewith grant permission for school employees to secure medical services for the above named student if necessary.

It is understood that even though the athlete when needed wears protective equipment, the possibility of an accident still remains. Neither the U.I.L. nor N.C.A. assumes any responsibility in case an accident occurs. In consideration of the above named student being permitted to make such trips and take part in such activities, I hereby release the University Interscholastic League and the N.C.A., its Trustees, Principal, Teachers, and Employees, together with all persons, trips and activities (excluding paid certified carriers), from any and all liability and responsibility in connection with such trips or activities, including travel, and I agree to indemnify and hold all said parties harmless from all claims hereafter made or assured by or on behalf of the above named student and his parents, heirs, executors, or assigns.

The undersigned hereby agrees to be responsible for the safe return of all athletic equipment issued by the school to the above named student. I also authorize any physician to release confidential information concerning an athletic injury to the Licensed Athletic Trainer involved.

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

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_