



11400 LaGrange Road · Elyria, Ohio 44035 · Phone (440) 458-5185 · Fax (440) 458-8717 · www.fbcs-elyria.org

F.B.C.S. Student Athlete and Parent/Guardian Sports Waiver

I allow my child to participate in the sport of **soccer / volleyball / basketball** (circle one) at F.B.C.S. during the current athletic season. I realize that there are risks to his/her participation, and that these risks range in injuries from minor to severe. I recognize the possibility that accidents can happen, and death, paralysis, or any other permanent disability could occur while being involved in this sport. I agree to accept these risks as a condition of his/her participation. I further understand that injuries resulting from his/her participation are my financial responsibility. I will not hold the school, school personnel, coaches, or athletic director responsible for these injuries and/or accidents.

I also authorize the school personnel to order emergency services for my child, if deemed necessary in the event of an accident or illness, should they not be able to contact me personally.

Print Parent/Guardian Name

Sign Parent/Guardian Name

Print Parent/Guardian Name

Sign Parent/Guardian Name

I wish to participate in the sport of **soccer / volleyball / basketball** (circle one) at F.B.C.S. during the current athletic season. I realize that there are risks to my participation, and understand they include a full range of injuries from minor to severe. I recognize the possibility that accidents can happen, and death, paralysis, or any other permanent disability could occur while being involved in this sport. I agree to accept these risks as a condition of my participation, and will not hold the school, school personnel, coaches, or athletic director responsible for these injuries and/or accidents.

Print Student Name

Sign Student Name