BETHEL BAPTIST SCHOOL

Interscholastic Athletic Participation Consent Please print using black ink.

Student Information						
Last Name	First Name	Middle Name		Grade	Age	
Physician's Certificati	on					
I hereby certify that	Student's Name	_ was examined by me	examined by me on		and was found	
physically fit to engage in all	sports for a period of one	year from the date of s	gnature.			
Comments/Exceptions:						
Attachments: Yes No						
Physician's Signature	Da	ate signed				
Parent Information						
Insurance Name		Identification Number				
			(use stude	nt's ID if applica	able)	
Father's Name	Home Phone	e Number	Work or Cell Phone Number			
Mother's Name	Home Phone	e Number	Work or Cell Phone Number			
If unable to reach a par	ent please call:					
Name	Home Phone	e Number	Work or Cell Phone Number			
Name	Home Phone	e Number	Work or Cell Phone Number			

Steroid Policy

School personnel, including coaches, will not sell, distribute, or promote to students performance-enhancing dietary supplements that promote muscle building.

Students participating in interscholastic athletics are prohibited from using steroids or any other performance-enhancing supplement. Use of steroids to increase strength or growth can cause serious health problems. Steroids can keep teenagers from growing to their full height; they can also cause heart disease, stroke, and damaged liver function. Men and women using steroids may develop fertility problems, personality changes, and acne. Men can also experience premature balding and development of breast tissue. These health hazards are in addition to the civil and criminal penalties for unauthorized sale, use, or exchange of anabolic steroids.

A student who is found to have violated the agreement or this policy will be restricted from participating in athletics and will be subject to disciplinary procedures including, but not limited to, suspension or expulsion.

Parental Consent	
has my con	sent to compete in all athletics at Bethel Baptist Schools (BBS).
I further understand it is my responsibility to the school campus after any practice or athe accident, I hereby authorize a representative considers necessary for my child to receive transportation (i.e. ambulance). Under such be performed by any physician or surgeon, school and agree that the student will not us	s or car to and from any BBS athletic game or practice. In make arrangements for getting my student home from letic competition. In the event of an emergency or e of the school to make such arrangements as he medical or hospital care, including the necessary in circumstances, I authorize such care and treatment to By signing below, we support the steroid policy of the see androgenic/anabolic steroids without the written recognized by the American Medical Association, to
Signature of student athlete	Date
Signature of parent/guardian	Date