

LAST NAME _____ FIRST _____

OCEAN COUNTY CHRISTIAN ACADEMY
Activity/Athletic Eligibility Form

Please Print the following information:

Sport/Activity: _____
Student Name: _____ Age:(as of Aug. 31) _____
Address: _____ Home Phone: _____
City, State, Zip: _____ Emergency Number: _____
Grade: _____ Homeroom Teacher: _____

1. I give my son/daughter _____ attending _____ permission to participate in the interscholastic sport/school activity of _____.
2. I recognize that my son/ daughter must have a comprehensive medical examination by the family physician recorded on the appropriate form prior to participation on any athletic team.
3. I understand that a requirement for participation in any interscholastic sport/school activity is the successful completion of at least 27.5 credits in the previous academic year. To be eligible to participate in the spring sport activity, a student must have completed 13.75 credits for all other classes at the end of the first semester of the current year.
4. I waive all claims for damages, remuneration, reimbursement, or any other expenses in case of injury in conduct of the program and in all arrangements incidental there to.
5. I understand that in case of interscholastic sports injury to my child, medical bills will be submitted to my insurance company first. Only those medical expenses not covered by my personal or group insurance are eligible for coverage by OCCA insurance policy up to established limits. I also understand that I am liable for any medical bills remaining after the above procedures have been carried out. It is suggested that I obtain personal medical insurance if a health insurance program does not cover my child.
6. I understand that any student participating in a sport/school activity who receives a disciplinary referral will be subject to one or more of the following based on the severity of the infraction:
 - a) A conference with the Activities Director/Coach.
 - b) Immediate one week suspension for the sport/activity pending parent conference OR
 - c) Immediate dismissal from the team/activity.

I have read and understand the above rules and regulations:

_____ Date _____ Signature of parent/guardian _____ Signature of Student _____

OFFICE USE ONLY:

1. Medical approval verified (medical examination) for sports/activities: _____
2. Academic eligibility verified by Principal: _____