

Brice Christian Academy

Extracurricular Participation Release Form

Principal: Mrs. Angela Cover

3160 Brice Road, Brice, Ohio 43109

Office: (614) 866-6789 / Fax: (614) 861-4217

Student Code of Responsibility

As a BCA student, I understand and accept the following responsibilities:

I will respect the rights and beliefs of others and will treat others with courtesy and consideration.

I will be fully responsible for my own actions and the consequences of my actions.

I will respect the property of others.

I will respect and obey the rules of my school and laws of my community, state and country and those who are responsible for enforcing the rules and laws.

To reduce my risk of injury, I will obey all safety rules, follow a proper conditioning program, inspect their own equipment, and report any risks found to their coaches.

I understand all concussions are potentially serious and may result in complications if not recognized and managed properly. If I have a suspected concussion, I will not be allowed to participate until a required written authorization from a physician is provided to return to participation.

I understand I will not be permitted to participate until the school office receives this signed document.

Student Signature _____ Date _____

*****Please submit this form directly to the School's Main Office. Please do not give to the coaches or teachers.**