



**BCAT Sports, Inc.**

3241 S. John Young Parkway  
Kissimmee, FL 34746  
(407) 530-4227

**SCHOOL YEAR: 202\_\_ - 202\_\_**

**Liability Waiver/Release of all Claims:**

**Student Information:**

|                           |       |                    |       |                  |       |
|---------------------------|-------|--------------------|-------|------------------|-------|
| <b>Student Name</b>       | _____ | <b>Grade:</b>      | _____ | <b>Age:</b>      | _____ |
| <b>Address:</b>           | _____ | <b>City:</b>       | _____ | <b>State:</b>    | _____ |
| <b>Parent's Name:</b>     | _____ | <b>Cell Phone:</b> | _____ |                  |       |
| <b>Emergency Contact:</b> | _____ | <b>Phone:</b>      | _____ | <b>Relation:</b> | _____ |
| <b>Emergency Contact:</b> | _____ | <b>Phone:</b>      | _____ | <b>Relation:</b> | _____ |

I/We understand that participation in Bilingual Christian Academy & Technology, Inc, and/or BCAT Sports, Inc.'s voluntary athletic or other extracurricular programs or activities includes risk of injury that may range in severity from minor to disabling to even death. Although serious injuries or death are not common in supervised school athletic programs, it is impossible to eliminate the risk. Student participants are exposed to moving objects, stationary objects, various playing surfaces, transportation, and other items that can cause injury and/or death. As the parent/guardian of a student who is participation in the school-sponsored extracurricular activity/sport of Basketball. I/We recognize and acknowledge that in this Activity/Sport there are unknown and known risks of injury. I/We, and my/our agents, representatives, assigns, heirs and successors hereby waive, relinquish and hold harmless, the Bilingual Christian Academy & Technology, Inc., BCAT Sports, Inc., its Board of Directors, officers, employees, agents, management company, representatives, coaches, volunteers, insurers, assigns and successors, and each and every one of them, from and against any and all claims, demands, suits, causes of actions, whether known or unknown, past, present or future, including, but not limited to, any and all costs, expenses, and attorney's fees, by reason of allergic reaction, injury, death or loss of or damage to person or personal property, arising out of, in connection with, or in any manner related to the traveling, participation to/in, or treatment from any injury resulting from this extracurricular activity or sport.

I/We consent to my child's participation in any of the approved athletic activities and to accompany any school team of which she/he is a member on its local or out-of-town trips.

I/We understand that Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc. requires that all students participating in voluntary after school athletics must have a physical examination within twelve months prior to the sport season in which they are



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participating. Failure to provide a physical examination that shows the student is in satisfactory health for the listed sport will result in my child not being allowed to participate in the sport.

### **Parental Consent. Acknowledgement and Release from Liability Certificate**

(To be signed by all parents; where divorced or separated, parents with legal custody must sign.)

- A. I/We hereby give consent for my/our child/Ward to participate in Middle School/High School Athletic Activities.
  
- B. I/We accept any and all responsibility for his/her safety and welfare while in transit to the athletic event. With full understanding of the risks involved. **I/We release and hold harmless Bilingual Christian Academy & Technology, Inc., and /or BCAT Sports, Inc, its officers, employees and agents; Bilingual Christian Academy & Technology, Inc., BCAT Sports, Inc; my/our child's/ward's school; school boards, school districts, and the schools against which Bilingual Christian Academy & Technology, Inc., BCAT Sports, Inc and my school competes, and the contest officials of any and all responsibility and liability for any injury or claim arising out of, resulting from or involving such accidents that may occur in transit to or from the athletic event.**
  
- C. Read this form completely and carefully. You are agreeing to let your minor child/ward engage in a potentially dangerous activity. You are agreeing that, even if your child's /ward's school against which it competes, the school district and the contest officials use reasonable care in providing this activity, there is a chance your child/ward may be seriously injured or killed by participating in this activity because there are certain dangers inherent in the activity which cannot be avoided or eliminated. By signing this form, you are giving up your child's/ward's right and your right to recover from your child's/ward's school, the schools against which it competes, the school board, the school district, and the contest officials in a lawsuit for any personal injury, including death, to your child/ward or any property damage that results from the risks that are a natural part of the activity. You may have the right to refuse to sign this form, and your child's/ward's school, the school against which it competes, the school board, the school district, and the contest officials have the right to refuse to let your child/ward participate if you do not sign this form.



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D. I/We know of, and acknowledge that my child/ward knows of, the risks involved in middle school/high school athletic participation, understand that serious injury, and even death, is possible in such participation and choose to accept any and all responsibility for his/her safety and welfare while participating in school athletics. With full understanding of the risks involved, I/We release and hold harmless Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc., and its officers, employees and assign; my/our child's/ward's school; and the school boards, school districts and the schools against which Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc., and my school competes and the contest officials of any and all responsibilities and liability for an injury or claim resulting from such athletic participation in the middle school/high school athletic activities and agree to take no legal action against Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc., and its officers, employees or agents because of any accident or mishap arising out of, resulting from or involving the athletic participation, including but not limited to practice or actual competition of my/our child/ward and agree to take no legal action against Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc., or any officer, employee or agent because of any accident or mishap involving athletic participation. This release applies to all participation in middle school/high school athletic activities for the entire school year. I/We authorize emergency medical treatment for my/our child/ward should need arise for such treatment while my child/ward is under the supervision of the school. I/We further hereby authorize the use or disclosure of my child's/ward's individually identifiable health information should treatment for illness or injury become necessary. I/We grant the released parties the right to photograph and/or videotape my child/ward and further to use said child's/ward's name, face, likeness, voice, and appearance in connection with exhibitions, publicity, advertising promotional and commercial materials without reservation. I/We understand that the authorization and rights granted herein are voluntary and that I may revoke any and all of them at any time by submitting said revocation in writing to my child's/ward's school. If I choose to submit a revocation, however, I understand that my child/ward will no longer be eligible for participation in middle school/high school athletics, or BCAT Sports, Inc. athletics. This release is complete and signed on my own free will and I understand that I have the right to consult with legal counsel prior to signing. I am aware that this waiver/release of All Claims and Liabilities is a contract between myself, the student and student's agents, and Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc.





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### **Student acknowledgement and Release**

I have been informed and know of the risks involved in athletic participation, understand that serious injury, and even death, is possible in such participation, and choose to accept such risks. I voluntarily accept any and all responsibility for my own safety and welfare while participating in middle school/high school athletics, with full understanding of the risks involved. I hereby release and hold Bilingual Christian Academy & Technology, Inc. and/or BCAT Sports., its officers, employees and agents; Bilingual Christian Academy & Technology, Inc. and/or BCAT Sports, Inc.; my school, school boards, school districts, and the schools against which Bilingual Christian Academy & Technology, Inc. and/or BCAT Sports, Inc., and my school competes, and the contest officials of any and all responsibility and liability for any injury or claim arising out of, resulting from or involving such athletic participation and participation in the middle school/high school athletic activities, including but not limited to practice and actual competition, and agree to take no legal action against Bilingual Christian Academy & Technology, Inc. and/or BCAT Sports, Inc., or any of its officers, employees and agents because of any accident or mishap involving my athletic participation. This release applies to all participation in middle school/high school athletic activities for the entire school year and or extracurricular activities pertinent to BCAT Sports, Inc. I hereby authorize the use of disclosure of my individually identifiable health information should treatment for illness of injury become necessary. I understand the authorization and rights granted herein are voluntary and that I may revoke any and all of them at any time by submitting said revocation in writing to my school. If I choose to submit a revocation, however, I understand that I will no longer be eligible for participation in middle school/high school athletics.

**I HAVE READ THIS CAREFULLY AND KNOW IT CONTAINS A RELEASE**

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**Student Name**

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**Student Signature**

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**Date**



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**Emergency Treatment Authorization**

In the event of an emergency, I hereby certify that I am the parent/lawful guardian of \_\_\_\_\_, and grant to Bilingual Christian Academy and Technology, Inc., and/or BCAT Sports, Inc., its Board of Directors, officers, employees, agents, management company, representatives, volunteers, insurers, assigns and successors full authority to take whatever action they may consider appropriate under the circumstances involved regarding the health and safety for my child, if necessary, at my expense.

\_\_\_\_\_  
**Name of Parent / Guardian                      Signature of Parent / Guardian                      Date**

\_\_\_\_\_  
**Name of Witness                                      Signature of Witness                                      Date**

Emergency Phone # \_\_\_\_\_

Medical Insurance Carrier \_\_\_\_\_

Policy Number \_\_\_\_\_



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**MEDICAL AUTHORIZATION FORM**

**Athletic Department**

**Student Name:** \_\_\_\_\_ **D.O.B.** \_\_\_\_\_ **Date:** \_\_\_\_\_

I, the undersigned parent, guardian, in the event that I cannot be reached and/or the team is out of the county during an interscholastic event, or any other activity, tournament, showcase, do hereby authorize the designated BCAT coach, BCAT Representative or other emergency personnel, if it is deemed necessary to transport my child to the nearest appropriate health care facility and obtain any necessary medical treatment. This authorization is valid for the entire school year of 2022 through 2023.

I further understand that the School Insurance Policy does not guarantee policy benefits. The Student Insurance policy is secondary to all other sources of coverages and may not pay 100% for all incurred medical expenses. Any and all liability for said expenses. Any and all expenses and liability for said expenses incurred as a result of this medical treatment shall be full assumed by me.

In order for you to receive maximum Insurance benefits, for which you are entitled, you MUST use your primary insurance network. Contact your insurance company prior to seeking ongoing treatment for an injury.

Food/Medical Allergies: 1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_  
4. \_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Insurance Company: \_\_\_\_\_ Insurance Policy Num. \_\_\_\_\_

Date of Last Tetanus Shot (if known): \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date



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\_\_\_\_\_  
Witness (must be of legal age)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

**ADDITIONAL EMERGENCY CONTACT INFORMATION**

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Relationship to Child

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Relationship to Child

**CONCUSSION AND SUDDEN CARDIAC ARREST- CONSENT AND RELEASE FROM LIABILITY CERTIFICATE**

This completed form must be kept on file by the school

**Concussion:**

Concussion is a brain injury. Concussions, as well as all other head injuries, are serious. They can be caused by a bump, a twist of the head, sudden deceleration or accelerations, a blow or jolt to the head, or by a blow to another part of the body with force transmitted to the head.

You can't see a concussion, and more than 90% of all concussions occur without loss of consciousness. Signs and symptoms of concussions may show right after the injury or can take hours or days to fully appear. All concussions are potentially serious and, if not managed properly, may result in complications including brain damage and, in rare cases, even death. Even a "ding" or bump on the head can be serious. If your child reports any symptoms of concussion, or if you notice the symptoms or signs of concussion yourself, your child should be immediately removed from play, evaluated by a medical professional, and cleared by a medical doctor.

**SUDDEN CARDIAC ARREST:**

Sudden cardiac arrest is a leading cause of sports-related death. This policy provides procedures for educational requirements of all paid coaches and recommends added training. Sudden cardiac arrest is a condition in which the heart suddenly and unexpectedly stops beating. If this happens, blood stops flowing to the brain and other vital organs. SCA can cause death if it is not treated within minutes.



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Symptoms of sudden cardiac arrest include but are not limited to: Sudden collapse, no pulse, no breathing.

Warning signs associated with sudden cardiac arrest include: Fainting during exercise or activity, shortness of breath, racing heart rate, dizziness, chest pains, extreme fatigue.

What to do if your student-athlete collapses:

1. Call 9-1-1
2. Send for an AED
3. Begin Compressions

**I have been advised of the dangers of participation for myself and that of my child/ward. The undersigned, on behalf of themselves, the other parent/guardian, the minor student and all assigns and representatives thereof, and to the fullest extent allowed by Florida Law do hereby knowingly accept the inherent risks presented by participation in this program and as a condition of such participation do hereby release and hold harmless Bilingual Christian Academy & Technology, Inc., and/or BCAT Sports, Inc., and all of its agents and employees from and against any and all lawsuits, claims, actions, damages or any other matter related to or arising out of the student’s participation in this program, (the “Released Matters”), including released matters that are caused in whole or any part by the negligence of the School Board or any employee or agent thereof.**

|                                 |                              |      |
|---------------------------------|------------------------------|------|
| Name of Student-Athlete (PRINT) | Signature of Student-Athlete | Date |
|---------------------------------|------------------------------|------|

|                                 |                                |      |
|---------------------------------|--------------------------------|------|
| Name of Parent/Guardian (PRINT) | Signature of Parent / Guardian | Date |
|---------------------------------|--------------------------------|------|