

2020-21 BCMS Registration/Emergency Contact Form

To register:

1. Print and turn in this completed form to the **Activities Office** (*with a copy of sports physical, or have one on file*)

2. Pay the fee online through the **Parent Portal in Infinite Campus** at:

www.bhmschools.org and follow the link to the **School Store on the Parent Portal.**

If you qualify for free/reduced lunches, please send copy of letter from Food Service)

Non BCMS students will turn this form into the Activities Office with \$60

☀ PARTICIPANT INFORMATION (*Please use a blue or black PEN.*)

Last Name _____ First Name _____ M.I. _____

Home Phone Number _____ Grade _____ Gender _____

Parent/Guardian _____ Work or cell Phone _____

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☀ EMERGENCY INFORMATION

Please list one **additional** person whom we can call between 2:30 and 7:30 p.m. if medical treatment is necessary.

Name _____ Phone Number(s) _____

In case of an accident or serious illness, I request the school contact me.

If the school is unable to reach me or persons named above, I authorize the school to call the physician indicated below and to follow his/her instructions. If this physician is unable to be contacted, the school may make whatever arrangements necessary.

PARENT/GUARDIAN SIGNATURE _____

Physician Name _____ Clinic Phone _____ Insurance Company _____

☀ **Please list and explain any medical concerns** (i.e. asthma, allergies, diabetes, current injuries, etc.)

☀ ACTIVITY CHOICE (*Check ONLY those being paid for at this time.*)

FALL

____ Girls Tennis
____ Soccer
____ Cross Country
____ Football Camp

WINTER

____ Girls Basketball (Oct)
____ Boys Basketball (Jan)
____ Wrestling

WINTER 2

____ Volleyball

SPRING

____ Baseball
____ Softball*
____ Golf **
____ Track & Field

**Practices and home games for softball are at Parkside Elem.
** Practices and home meets for golf are at Buffalo Heights. Golf meets 2 days per week. Kids will sign up for which days they want to practice and for meets on the first few days of practice.*

____ \$60.00 paid fee online. To pay activity fee online go to the Parent Portal - School Store.

☀ **PERMISSION:** By signing this form, I hereby give permission for our son/daughter to participate in the activity checked above. I acknowledge that by its nature, participation in interscholastic athletics includes the risk of injury which may range in severity. Although serious injuries are not common in supervised school athletic programs, it is impossible to eliminate the risk. Players can help reduce the chance of injury by obeying all safety rules, reporting physical problems to their coaches, following a proper conditioning program, and inspecting their own equipment daily. I also acknowledge the expectations and requirements to participate in extracurricular activities as stated in the student handbook and agree to abide by these policies.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

Fee Paid _____ Physical _____ Infinite Campus _____