

August 11, 2023

Dear Cross Country Players and Parents,

Next week officially starts our cross country season. If you are interested in running you will need a physical, completed forms, and a one-time fee of \$80.

Practice will be on Monday, Tuesday and Thursday, from 3:30 - 4:45, starting on August 14<sup>th</sup> following school. Runners are to be picked up in front of the sanctuary. If your child is not picked up by 4:45 PM they will be brought over to aftercare. Each student will need a water bottle and towel everyday at practice. We will have cold water at every practice for the students to fill their water bottles. Dress code for practice is shorts that are at least mid-thigh(fingertip length), shirt that follow the handbook guidelines, and good running shoes.

We will run a cross country meet on the 21<sup>st</sup> of October 2023 at Lake Lilian hosted by Belleview Christian Academy.

We are looking forward to a GREAT year!!!!

Mrs. Dawn and Mr. Dobbs



# BCA ATHLETICS

August 11, 2023

Dear students and parents,

Welcome back! Belleview Christian Academy is back for its third official year as part of the Kingdom of the Son sports league. As such, all of our programs are shooting for the gold as we prepare for conferences and tournaments. The fall season will begin the second week of school on **Monday, August 14th**. The cost to participate is \$80.00. This includes the cost of the game jersey, as well as various technical costs such as equipment, and gas. Please note that students will need to obtain the following on their own:

## **Sports Physical**

**Running Shoes** - These need to meet dress code and be a solid color. Can be used for both practice and meets.

**Sports Bottle** - Please bring a sports bottle with a spill proof lid to practice and meets to keep hydrated.

**Practice Attire** - Students will not be allowed to wear jackets or sweat pants to practice. Dress code appropriate shorts and T-shirts only. No bike shorts, they must be fingertip length. No spaghetti straps, tank tops, or tight fitting clothing of any kind.

**Knee Pads [Volleyball only]**

There will be a sport orientation following practices on **Thursday, August 17th**. The deadline for commitment to a team as well as full payment is **Friday, September 1st**. If a student does not turn in all required forms and payment by that date, they will not be able to play. At the bottom you will find a volunteer form. If you would like to help out, please indicate that below. Please note that a school volunteer application will need to be filled out with the front office before helping out at practices or traveling with the team.

We look forward to seeing you out on the field. Thank you,

Mr. Michael, Athletic Director

**PLEASE FILL OUT THE BELOW FORM AND TURN IT IN TO THE OFFICE**

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STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

**FOR UNIFORM:** SHIRT SIZE: \_\_\_\_\_ SHORTS SIZE: \_\_\_\_\_

MY STUDENT WILL BE COMPETING IN(CIRCLE ONE OR BOTH):

**CROSS COUNTRY**

**VOLLEYBALL**

**FLAG FOOTBALL**

I WOULD LIKE TO VOLUNTEER AS (CIRCLE ALL APPLICABLE):

**PRACTICE ASSISTANT**

**WATER PROVIDER**

**TRACK TIMER**

**GAME DAY DRIVER**

**SNACK PROVIDER**

**TEAM SPONSOR**

PARENT NAME: \_\_\_\_\_

# After School Permission Form

Cross Country

Date: Mons Tues & Thurs beginning 08/14

Begins: 3:30 PM

Ends: 4:45 PM

## WAIVER AND HOLD HARMLESS AGREEMENT

I, the undersigned, certify that I am the parent and/or legal guardian of the below named student and am otherwise fully empowered to sign this After School consent and liability waiver. I grant permission for \_\_\_\_\_ to participate in this school-sponsored event. This activity will take place under the guidance and direction of school employees and/or volunteers from Belleview Christian Academy.

In consideration of my student's participation in this activity, I on behalf of myself, my child named herein, our heirs, successors and assignees waive all claims or causes of action against First Baptist Church of Belleview, Inc. and Belleview Christian Academy and agree to hold harmless, indemnify and defend First Baptist Church of Belleview, Inc., and Belleview Christian Academy, their officers, directors and agents, chaperones, and representatives associated with the event, from any and all actions, claims, demands, damages, costs, expenses arising from or in connection with the above named student attending this event or in connection with any illness or injury or cost of medical treatment in connection therewith, except for such losses or damages caused by the sole negligence or willful misconduct of First Baptist Church of Belleview, Inc., and Belleview Christian Academy or their agents.

I agree that First Baptist Church of Belleview, Inc., and Belleview Christian Academy are not responsible for any personal property carried by student.

I consent to emergency medical treatment in the event such care is required. I agree to use the student's personal medical insurance as a primary medical payment if accident or injury occurs.

Name of 1st Emergency Contact

Name of 2nd Emergency Contact

\_\_\_\_\_

\_\_\_\_\_

Home Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

Please list any medical or physical needs: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature \_\_\_\_\_