

ATHLETIC INFORMATION

Name _____ Date _____
Address _____ Grade _____
_____ Sport _____
Home Phone _____
Date of Birth _____ Place of Birth _____
Date of entrance into 9th grade _____
School attended last year _____
Parent/Guardian to be contact in an emergency:
Name _____ Home Phone _____
Cellular Phone _____ Work Phone _____ Pager _____
Other Emergency Contact:
Name _____ Home Phone _____
Cellular Phone _____ Work Phone _____ Pager _____

PERMISSION FOR ATHLETICS

To the Principal:

I hereby give _____ (student's name) permission to compete in _____ (name of sport), sponsored by the Board of Education and under the supervision of approved instructors. Realizing that such an activity involves the potential for injury that is inherent in all sports. I/we acknowledge that even with proper coaching, use of protective equipment, and observances of rules, injuries are still a possibility. On occasion, these injuries can be so severe as to result in total disability, paralysis, or even death. I/we acknowledge that I/we have read and understand this warning.

Signature of Parent/Guardian

PERMISSION FOR EMERGENCY TREATMENT

I hereby give permission for the school to arrange emergency treatment for my child if none of the above adults can be reached.

Signature of Parent/Guardian

STATEMENT OF INSURANCE

My son/daughter is covered for injury under a policy with:

Name of Insurance Company

Policy Number

DO NOT COMPLETE FORM BELOW LINE

Physical Examination Parental Permission Academic Eligibility Athletic Equipment
Other _____