



SPORTS PARTICIPATION FORM

Athlete Last Name _____ First Name _____
 Birth Date ____ / ____ / ____ Age: _____ School: _____
 Cell Number _____ Student Email: _____

Emergency Information:

Parent(s)/Guardian(s): _____
 Street Address/Mailing address: _____
 Contact Numbers: Home _____ Work _____ Cell _____
 Parent Email: _____

In case of Emergency, if parents cannot be contacted, notify:

Name _____ Phone: _____
 Family Physician _____ Phone: _____

Each athlete participating in a sport/activity must have INSURANCE: Private insurance or insurance purchased through the School:

Verification of Private Insurance through Parent/Guardian:

Medical Insurance Company _____ Policy Number _____

Verification of Insurance purchased through the School District (Athletic Dept. Use ONLY)

Football Insurance _____ At School Accident (excludes Football) _____ 24 hour Insurance _____

Medical Information and Statement

1. Has this student had injuries or medical problems requiring medical attention within the last year?
 Yes ____ No ____ If yes, please explain. _____
2. Please list all medications the athlete is currently taking: _____
3. List all medications to which the athlete is allergic: _____

Parent/Guardian Statement: I give my daughter/son permission to participate in all sports and for school officials to obtain emergency medical aid for any injury or illness deemed necessary. I also state that my daughter/son is fully covered by the named insurance company and the school will not be liable for any injury that occurs during athletic activities or travel for activities. I hereby state that, to the best of my knowledge and ability, my answers to the questions are correct. My child and I understand and accept that there are risks for serious injury and death in any sport, including one(s) in which my child has chosen to participate. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed trainer, coach or medical practitioner. I understand that this sports participation pre-participation physical examination is not designed nor intended to substitute for any regular, comprehensive health assessment by the family's licensed medical practitioner, or to discover hidden or unknown illness or injury reasonably outside the realm of sports participations.

Parent/Guardian Signature: _____ **Date:** _____

Athletic Dept. Use ONLY							
Season	Sport	Physical	Fees	GPA	Classes Passed	Impact	Pure Performance
FALL							
WINTER							
SPRING							