

STUDENT PARTICIPATION INFORMATION

****This page must be returned to the Activities Director before the student may participate in any extra-curricular activity at Dawson County High School.**

NAME: _____
(LAST) (FIRST) (MI)

BIRTHDATE: _____ YEAR IN SCHOOL: _____

PARENT/GUARDIAN: _____

PHONE: (H) _____ (W) _____ (C) _____

ADDRESS: _____ CITY: _____

STATE: _____ ZIP: _____

EMERGENCY MEDICAL INFORMATION:

If emergency service involving medical action or treatment is required and the parent(s) or guardian(s) cannot be contacted, I/we hereby consent for the student named above to be given emergency medical care by the doctor or hospital selected by the school.

FAMILY PHYSICIAN: _____ PHONE: _____

Please list any medications, allergies, medical problems, and/or medical concerns of which the coach/advisor should be aware:

1. _____

2. _____

EMERGENCY CONTACT: _____ PHONE: _____

INSURANCE:

I/We understand that Dawson County High School and the Glendive Unified Public School District does not carry a medical insurance policy which covers participants in athletics/activities. (Please initial below).

____ I/We understand that my son/daughter is covered by our family medical insurance with the listed company: _____

____ I/We understand that my son/daughter is not covered by a medical policy provided by Dawson County High School and the Glendive Unified Public School District and I/we are responsible for the payment of medical bills incurred as a result of or in relation to participation in athletics/activities at Dawson County High School.

ACTIVITY PERMISSION: (PARENT/GUARDIAN AND STUDENT INITIAL THE APPLICABLE ACTIVITIES)

____ Band/Choir ____ Cross-Country ____ Golf ____ Volleyball ____ Field Trips

____ Basketball ____ Forensics ____ Tennis ____ Wrestling ____ Other

____ Cheer/Dance ____ Football ____ Track ____ Softball

EQUIPMENT RESPONSIBILITY:

____ I/We agree to be responsible for the safe return or replacement of all athletic and/or activity equipment issued by the school.