

# Athletic Eligibility Form

Revised August 2016

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

M/F \_\_\_\_\_

Birth Date \_\_\_\_\_

## Emergency Information

Name of Parents/Guardians \_\_\_\_\_

Home Ph. # \_\_\_\_\_ Father's Work # \_\_\_\_\_ Mother's Work # \_\_\_\_\_

Person to be contacted in case of emergency and parent/guardian is unavailable:

Name	Relationship	Phone #
------	--------------	---------

## PARENT (GUARDIAN) PERMISSION TO PARTICIPATE AND TRAVEL WITH TEAMS

I want my son/daughter to have the privilege of competitive school athletics for the Myrtle Point High School District.

\_\_\_\_\_ (Name of student) therefore has my permission to compete in sports approved by the Board of Education of the Myrtle Point District and to go with the coach on any regular scheduled trips. While I expect school authorities to exercise precaution to avoid injury, I understand that Myrtle Point School District assumes no financial obligation from any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school.

## INSURANCE ARRANGMENTS

(If your insurance cancels or changes during the school year you must notify the school immediately)

Please check one:

- I have purchased athletic insurance through the policy offered by the school district.  
 My son/daughter is fully covered by insurance carried by parents or guardians.

Name of Insurance	Policy Number	Group Number
-------------------	---------------	--------------

## AUTHORIZATION TO TREAT A MINOR

I (we) the parent, or legal guardian of \_\_\_\_\_ (Name of student), a minor, do hereby authorize and consent to any x-ray, anesthetic, medical or surgical diagnosis rendered under the general or specific supervision of any member of the medical staff and emergency room staff licensed under provision of the Medicine Practice Act or a dentist licensed under provisions of the Dental Practice Act and on the staff of any acute general hospital holding current license to operate a hospital from the state department of public health. It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care being required but is given to provide authority and power to render care, which the aforementioned physician in the exercise of his/her best judgement may deem advisable. It is understood that effort shall be made to contact the parent/legal guardian prior to rendering treatment of the patient, but that any of the above treatment will not be withheld if the parent/legal guardian cannot be reached.

List any restrictions:

Allergies to foods or drugs \_\_\_\_\_

Other \_\_\_\_\_

Name of Family Physician \_\_\_\_\_

## Training Rules

All athletes must abide by the MPHS training rules as stated in the MPHS Student Handbook. These rules include use of alcohol, use of tobacco, vandalism or stealing, and other infractions of the law that may impact a player's ability to be part of the MPHS team.

Parent/Guardian Signature: \_\_\_\_\_

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

Athlete's Signature: \_\_\_\_\_

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