



**ATHLETIC PARTICIPATION FORM
2016-17**

Student's Name:
Student cell phone:

Grade:
SPORTS PHYSICAL EXP. DATE:

EMERGENCY INFORMATION

Primary Adult(s)

Phone:
Other Phone:
Work Phone:

Person to contact in case of emergency:

Phone:

Physician to be called in an emergency:

Phone:

Special Medical Conditions:

PARENT/GUARDIAN PERMISSION

I want my child to have the privilege of participating in competitive school athletics.

Garrett Savage, therefore, has my permission to compete in all sports approved by the Board of Education of the local School District and to go with the coach on any regularly scheduled trips.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all player's equipment owned and issued by the school.

INSURANCE INFORMATION

It is required that all students participating in a sports program be covered by athletic accident insurance, (either home or school insurance.) Your son/daughter may obtain school insurance if you wish for them to do so. For further information on school insurance call the High School Office.

Insurance Company:

Policy Number:

Group Number:

MEDICAL RELEASE

I understand that the school authorities will use their best judgment in determining emergency care and procedures. I also understand that the District has no provisions for expenses incurred in carrying out emergency procedures and/or emergency transportation. In case of illness, accident, or emergency to the student named above, the school is authorized to obtain immediate medical treatment.

Parent signature:

Date: