ATHLETIC EMERGENCY FORM

Last Name:_____ Phone: _____
(Last) (First)

Social Security Number_____-____-_____ Birth Date _____/____/_____

Mothers Name _____ Phone _____

Fathers Name _____ Phone _____

Emergency Person _____ Phone _____

Physician _____ Phone _____

Special Conditions if any _____

If you and the physician of choice (as indicated above) cannot be reached in an emergency and if, in the judgment for the school authorities, immediate medical and / or hospital attention is indicated, do you authorize responsible school authorities to send you child (properly accompanied) to an available hospital or physician ?

Yes _____ No _____

Date _____ Parent / Guardian signature _____

INSURANCE INFORMATION

As parent/guardian of _____, I wave any claim for liability against the Athletic Co-op, including employees and representatives, and release them from all liability in the connection with this activity.

Our insurance carrier is _____

Policy number _____

Check her if you have purchased school insurance (football coverage is extra)

_____ Date _____
(Parent / guardian signature)