

ACTIVITIES DEPARTMENT
INDIVIDUAL PARTICIPATION INFORMATION

Name _____ Grade _____

Age _____ Birth Date _____ Phone _____

Parent Cell Phone Number(s) _____

Parent/Guardian Name _____

Home Address _____

Email Addresses of Parents _____

Family Doctor _____ Phone of Doctor _____

EQUIPMENT RESPONSIBILITY

I, the undersigned, will be responsible for proper treatment and security of athletic equipment/uniforms assigned to me, and for its return to the coaching staff after its use. I will also be liable for any loss and pay the replacement cost of the equipment and/or uniform .

Signature of Student

EMERGENCY FORM

_____ (child's name) has my permission to participate in the following activities _____.

I hereby grant my permission for the coach or group advisor to seek help (doctor, hospital, etc.) in the event my son or daughter needs emergency treatment at these events.

Signature of Parent/Guardian

INSURANCE INFORMATION

It is the policy of the school district that the parents are responsible for any coverage of insurance in interscholastic athletics. The parents shall understand that they will pay all medical bills.

Date _____

Signature of Parent/Guardian