



# SPORTS PARTICIPATION FORM

Athlete Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Cell Number \_\_\_\_\_ Student Email: \_\_\_\_\_

**Emergency Information:**

Parent(s)/Guardian(s): \_\_\_\_\_

Street Address/Mailing address: \_\_\_\_\_

Contact Numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Parent Email: \_\_\_\_\_

**In case of Emergency, if parents cannot be contacted, notify:**

Name \_\_\_\_\_ Phone: \_\_\_\_\_

Family Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Each athlete participating in a sport/activity must have INSURANCE: Private insurance or insurance purchased through the School:

Verification of Private Insurance through Parent/Guardian:

Medical Insurance Company \_\_\_\_\_ Policy Number \_\_\_\_\_

*Verification of Insurance purchased through the School District (Athletic Dept. Use ONLY)*

Football Insurance \_\_\_\_\_ At School Accident (excludes Football) \_\_\_\_\_ 24 hour Insurance \_\_\_\_\_

**Medical Information and Statement**

- Has this student had injuries or medical problems requiring medical attention within the last year?  
Yes \_\_\_\_ No \_\_\_\_ If yes, please explain. \_\_\_\_\_
- Please list all medications the athlete is currently taking: \_\_\_\_\_
- List all medications to which the athlete is allergic: \_\_\_\_\_

**Parent/Guardian Statement:** I give my daughter/son permission to participate in all sports and for school officials to obtain emergency medical aid for any injury or illness deemed necessary. I also state that my daughter/son is fully covered by the named insurance company and the school will not be liable for any injury that occurs during athletic activities or travel for activities. I hereby state that, to the best of my knowledge and ability, my answers to the questions are correct. My child and I understand and accept that there are risks for serious injury and death in any sport, including one(s) in which my child has chosen to participate. I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed trainer, coach or medical practitioner. I understand that this sports participation pre-participation physical examination is not designed nor intended to substitute for any regular, comprehensive health assessment by the family's licensed medical practitioner, or to discover hidden or unknown illness or injury reasonably outside the realm of sports participations.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Athletic Dept. Use ONLY							
Season	Sport	Physical	Fees	GPA	Classes Passed	Impact	Pure Performance
FALL							
WINTER							
SPRING							