Minooka Community High School

2008-2009 ATHLETIC PARTICIPATION INSURANCE FORM

Please ***print*** all of the information requested. Be sure to sign all parts of the form when completed. Turn this form into the Athletic Director's office. Note - a current physical and this form must be on file in the Athletic Director's office ***before*** any student may participate in any interscholastic program.

Name: _____
Last First MI

Home Address: _____ City _____ Zip _____

Date of Birth: ___/___/___ Grade 9 10 11 12 Sport(s) _____

Physician: _____ Phone _____ Hospital _____

Student is allergic to the following medications(s) _____

HEALTH/MEDICAL INSURANCE INFORMATION

Company Name: _____ Policy #: _____

EMERGENCY CONTACT INFORMATION

Relationship: ❒ Parent(s) ❒ Guardian(s) Contact names _____

Phone Numbers: _____ Home _____ Work _____ Cell

Relationship: ❒ Parent(s) ❒ Guardian(s) Contact names _____

Phone Numbers: _____ Home _____ Work _____ Cell

In case of emergency, attempt to contact a parent/guardian at home or at work or by cell phone. If we cannot be reached, attempt to contact the alternate listed below.

Alternate name: _____ Phone _____ Relationship _____

Permission is hereby granted to the attending physician to proceed with any medical or minor surgical treatment, x-ray examination and immunizations for the above named student. In the event of an emergency arising out of serious illness, the need for major surgery, or significant accidental injury, I understand that an attempt will be made by the attending physician to contact me in the most expeditious way possible. If the physician is not able to communicate with me, the treatment necessary for the best interest of the above named student may be given.

Permission is also granted to the athletic trainer or medical personnel to provide the needed emergency treatment to the athlete prior to his/her admission to the medical facilities.

We certify that we have received a copy of the student/parent athletic handbook, have read and understand the athletic guidelines included in the handbook, including the eligibility rules, the athletic code of conduct and the disciplinary codes of actions. We understand that participation in co-curricular activities in voluntary and requires the student/athlete to be a positive, responsible representative of the high school and athletic program at all times, including the observance of all team rules and guidelines.

Signature of Parent(s)/ Guardian(s): _____ Date _____

Signature of Parent(s)/ Guardian(s): _____ Date _____

Signature of Student: _____ Date _____