
LAST NAME FIRST MI. SEX GRADE BIRTHDAY

SPANISH FORT HIGH SCHOOL

CONSENT TO PARTICIPATE

School Year: _____

As an athlete/athletic parent in the Spanish Fort High School Athletic Program, I/we understand that participation in any sport can be an activity involving risks of injury. Recognizing these risks, I/we consent to the participation of my/our son/daughter in the sports program offered by Spanish Fort High School. I/we also agree to comply with all rules, regulations and recommendations of administrators and coaches concerning injury prevention and care. I/we consent to assume the following responsibilities:

1. To furnish a copy of your son/daughter's birth certificate.
2. To furnish a completed copy of the AHSAA Physical Examination form sign by a physician.
3. Copy of the insurance card that corresponds to the insurance information below.
4. To provide transportation home on dates of practice sessions and scheduled competition.
5. To accept full responsibility for all medical expenses which might occur during practice sessions, traveling to practice/games, participation in games and other related activities.
6. To provide accidental/hospital insurance on your son/daughter (school insurance is acceptable).
7. Upon your son/daughter making a team, all of the conditions listed above remain the same for the duration of the season. If any change is necessary, it is the responsibility of the parent(s) to show written evidence of the change to the coach/administration.

Signature of Parent/Guardian _____

Date _____

Signature of Student _____

Date _____

EMERGENCY INFORMATION

Parent/Guardian Name(s) : _____

Home Phone: _____

Father's work/cell #: _____

Mother's work/cell #: _____

Family Doctor: _____

Doctor's Phone #: _____

Preferred Hospital: _____

HEALTH INSURANCE INFORMATION: *Note: This must be completed. All athletes must have insurance to participate. If you do not have health insurance, you must take out the school accident insurance.*

Carrier: _____

Policy No.: _____

Group No.: _____

Policyholder's Name: _____

Relationship: _____

If you wish to enroll your child in the school insurance program, please obtain an insurance brochure from the office and return it completed with a check for the amount on the brochure. Regular and full time policies will cover all sports except Varsity Football. **All checks must be made payable to Markel Insurance Company.** Write the school insurance information in the space provided above for insurance carrier.

In case of an **EMERGENCY**, if parents/guardian cannot be contacted, notify:

Name(s): _____

Relationship: _____

Phone # Work: _____

Home: _____

Cell: _____