ATHLETICS

Athletic Participation Medical Authorization

All athletes must provide the following information in order to participate in pre-college athletic events. This form must be authorized by both parents if the athlete is under 18 years old. If you have any questions, contact the coach who is organizing your event.

this form and fill out for submission on first day of event.

Symbol key: * Required information, ! Error

Participant information

Name: * First * Last

Address: * Address line 1

Address line 2

* City

* State * ZIP or postal code

Date of birth: *
(use format mm/dd/yyyy)

Age: *

Parent/Guardian contact information

Parent/Guardian 1: * Name * Phone
(use format nnn-nnn-nnnn)

Parent/Guardian 2: * Name * Phone
(use format nnn-nnn-nnnn)

If parent/guardian cannot be reached, call: * Name * Phone
(use format nnn-nnn-nnnn)

Medical information

Family physician: * Name * Phone

(use format nnn-nnn-nnnn)

Medical conditions:

List the names of any medications player is presently taking and for what medical conditions:

List any items the registrant is allergic to (penicillen, aspirin, etc.):

Medical insurance: * Company name * Policy number

Tetanus immunization: List the date of the player's most recent tetanus immunization. If more than ten years ago, a booster shot is recommended.

*

(use format mm/dd/yyyy)

Are you insured by any other health benefit plan such as HMO, etc.? * ◯ Yes ◯ No

If yes, list other insruance plan: *

Medical authorization

As parent or legal guardian of the participant named above, I hereby authorize the program director and his/her subordinates, to seek any medical and/or surgical treatment, which is reasonably though to be necessary for the care of my child. The program director is authorized to provide medical treatment for my child, and I shall be fully responsible for honoring such costs. I also authorize the medical facility to release all information needed to complete insurance claims. I authorize insurance payment directly to the medical facility.

Signature may be that of the participant only, if 18 years of age or over, otherwise it must also be signed by BOTH PARENTS OR LEGAL GUARDIANS.

By entering my name and today's date, I am indicating that I accept the medical authorization policy above.

Participant signature using full name: *

Parent/Guardian signature using full name: *

Parent/Guardian signature using full name: *

Date: *

(use format mm/dd/yyyy)