

STUDENT PARTICIPATION AND PARENTAL APPROVAL FORM

USE PEN ONLY PLEASE:

SPORT(S) _____ DATE _____ GRADE _____

STUDENT NAME _____ SEX ____ DOB _____

FAMILY PHYSICIAN _____

This application to compete in interscholastic athletics is entirely voluntary on my part and is made with the understanding that I have not violated any of the eligibility rules and regulations of the State Association.

Signature of Student _____

Date of last Diphtheria/Tetanus shot _____

Asthma _____

Allergies (please list) _____

Seizures _____

Diabetes _____

Do you take medication for any of the above? ____ If so, please list _____

Contact Lenses: YES ____ NO ____ Glasses: YES ____ NO ____

I hereby give my consent for _____ to represent Archbishop Walsh in athletic activities, both interscholastic and intramurals (recreation) and to accompany the team on its out of town trips.

I authorize the school physician, nurse, or athletic trainer to disclose any injury/illness information to the coach who is employed by the district and will keep all information confidential. I also authorize Archbishop Walsh, through its representative, to obtain any emergency medical care that may become necessary for the student in the course of such activities or travel. I also give my consent for any physician or health care unit selected by this representative to provide the emergency care deemed necessary.

Signature of Parent/Guardian _____ **Date** _____

Address _____

Home Phone _____ Emergency Phone _____

Your Health Insurance Company (which covers the student) _____

Policy holder _____ Policy/Group No. _____

Note: This form must be filled out and filed in the medical office before the student is allowed to practice and/or compete.