

INFORMATION SHEET: ATHLETICS

STUDENT NAME _____ DATE OF BIRTH _____

ADDRESS _____

PARENT NAME _____

EMAIL ADDRESS _____

HOME PHONE NUMBER _____

FATHER'S CELL _____ MOTHER'S CELL _____

IN CASE OF AN EMERGENCY IF THE FATHER OR MOTHER CANNOT BE REACHED

CALL: _____ AT _____

_____ AT _____

FAMILY PHYSICIAN _____ PHONE# _____

HOSPITAL PREFERENCE _____

INSURANCE INFORMATION _____

DOES YOUR CHILD HAVE ANY PHYSICAL CONDITIONS THAT WE AS COACHES
SHOULD BE AWARE OF? _____

MY CHILD WILL GET HOME FROM PRACTICES OR GAMES BY _____

In case of an accident or serious illness and a parent cannot be reached, I/we hereby authorize the coach to make whatever arrangements necessary.

It is understood and agreed that neither the school, the coach, nor the Catholic Diocese of Evansville is the insurer of my child's health and safety while engaged in any extracurricular/athletic activity. I understand it to be my obligation to provide such insurance as I may desire to purchase to protect my child against the costs of sickness or injury.

If the above named child needs emergency medical treatment and neither a parent nor the designated family physician can be reached, consent is hereby granted for such emergency treatment as may be considered necessary in the opinion of the attending physician.

PARENT SIGNATURE _____ DATE _____