

ATHLETICS INFORMATION SHEET



ST. PHILIP
— CATHOLIC SCHOOL —

ATHLETE INFORMATION

Student
Name:

Date of
Birth:

Address:

City/State
/Zip:

PARENT INFORMATION

Parent
Name(s):

Mother's Email
Address:

Mother's
Cell:

Father's Email
Address:

Father's
Cell:

EMERGENCY INFORMATION

In case of an emergency & parents unavailable, please contact:

Name/Relation to
Athlete:

Phone:

Name/Relation to
Athlete:

Phone:

Family
Physician:

Phone:

Insurance
Policy #:

Phone:

Does your child have any physical conditions that the coach(es) should be aware of?

**My child will get home from
practice 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 & agreed that neither the school, the coach(es), nor the Catholic Diocese of Evansville is the insurer of my child's health & 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 & 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