

Return a copy of this completed and signed form to the school office for EACH sport, club, or activity

WARRENTON GRADE SCHOOL

ATHLETIC PERMISSION/EMERGENCY INFORMATION FORM

To be completed by parent/guardian:

Name of Student: _____ Grade: ____ Student Date of Birth: _____

Home Address: _____ Zip: _____

Parent Name: _____ Parent Phone: _____

Parent Name: _____ Parent Phone: _____

PARENT/GUARDIAN:

My child, _____, has my permission to participate in _____ and to be transported by the district and be supervised by the coaches on any regularly scheduled trip.

While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that there are risks of injury when participating in athletics and the district assumes no financial obligation for any injury that may occur. I am advised that students are held responsible for all players equipment owned and issued by the school.

INSURANCE ARRANGEMENTS: (please check one)

My son/daughter is covered by insurance purchased at school, 20___/___ school year. Check below.

School time insurance (all sports except football).

Twenty-four hour insurance.

Football.

PRIVATE INSURANCE:

My son/daughter is fully covered by insurance carried by parent/guardian and the school and the school will not be liable for any injury that occurs during athletic activities or travel to activities.

Name of Insurance Company: _____

EMERGENCY INFORMATION:

Name of Emergency Contact 1: _____ Phone Number: _____

Name of Emergency Contact 2: _____ Phone Number: _____

Name of physician to be called in case of emergency: _____

Physician's Phone Number: _____

Parent Signature: _____

Date: _____