

ATHLETIC EMERGENCY CARD

Student's Name: _____
(Last) (First)
Grade: _____ Date of Birth: _____

PLEASE CIRCLE THE SPORT(S) IN WHICH YOUR CHILD IS PARTICIPATING

CROSS COUNTRY, VOLLEYBALL, FOOTBALL, BOY'S BASKETBALL, GIRL'S BASKETBALL, WRESTLING, GOLF, SOFTBALL, BASEBALL, TRACK, GIRL'S SOCCER, BOY'S SOCCER, GIRL'S HOCKEY, BOY'S HOCKEY, CHEER/DANCE

As a participant in co-curricular activities I have read and understand the co-curricular code of the School District of the Tomorrow River and agree to abide by all rules and regulations set forth.

I am aware of the inherent risk of injury present in all extra-curricular activities. I realize that the risk may be severe, including serious physical injury and even death, which may occur during practice, contest, and/or during transportation to and from these activities. I acknowledge that even with qualified coaching/supervision, the use of adequate protective equipment, and strict observance of rules, injuries are still a possibility.

Date _____ Student's Signature _____
Father's Name _____ Mother's Name _____
Address _____ Telephone _____
Father's Employer _____ Telephone _____
Mother's Employer _____ Telephone _____
Physician _____ Telephone _____
Dentist _____ Telephone _____
Insurance Carrier _____ Policy # _____
Address _____ Telephone# _____

PARENT'S PLEDGE

I, as a parent of the child named above, have read and understand the policies and rules set forth for participating in co-curricular activities in the School District of the Tomorrow River and give my permission to my child to participate under these conditions listed within.

As a parent I am aware of the inherent risk of injury presented in all athletic activities. I realize that the risk may be severe, including serious physical injury and even death, which may occur during practice, contests, and/or transportation to and from these activities. I acknowledge that even with qualified coaching/supervision, the use of adequate protection equipment, and strict observance of rules, injuries or death are still possible.

I further grant permission for my child to be given immediate emergency care in case of injury as a result of participation in any co-curricular activity by an attending physician or first-aid person should such assistance be required. I further agree to assume responsibility for loss, misplacement or damage to equipment issued to or used by my child.

Date _____ Parent's Signature _____