

McLOUGHLIN HIGH SCHOOL ATHLETIC PARTICIPATION FORM

1. Parent/Guardian Permission and Medical Release

Our son/daughter, _____ has permission to participate during one or all of the 2007-2008 athletic seasons at McLoughlin High School.

Family Physician: _____

Office Location: _____

Allergies: _____

I hereby give authorization for the McLoughlin High School coaching staff to have my son/daughter treated at a medical facility should the need arise during the 2007-2008 athletic seasons.

Parent/Guardian Signature: _____

Parent/Guardian Phone: Home _____ Work _____

2. Student Athlete/Family Information

Student's Name: _____ Grade: _____

Student's Date of Birth: _____

Home Address: _____

Mother's Full Name: _____

Father's Full Name: _____

Emergency Contact (other than a parent): _____ Phone: _____

3. Insurance

All students who participate in school sports must be covered by insurance, either their own or school insurance.

Personal Insurance Carrier: _____

Policy #: _____ ID #: _____

(or)

School Insurance Purchased (through Tami in the office)

School Time Insurance: _____

24 Hour Insurance: _____

Football Insurance: _____