

STUDENT-ATHLETE EMERGENCY CONTACT INFORMATION

(For use by coach)

Student Name: _____

Address: _____

Home Phone: _____

Parent/Guardian Name(s): _____

Cell Phone: _____ Work Phone: _____

*Emergency Contact: _____

Phone Number: _____

*Emergency Contact: _____

Phone Number: _____

*Family Doctor: _____

Phone Number: _____

What insurance company is covering your athletic participation: _____

Any special medical information: _____

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- **To the best of my knowledge, I meet all eligibility requirements set forth by Ravenna High School and the MHSAA.**
 - **I have a complete and current physical on file in the athletic office.**
 - **I have read the Ravenna Athletic Handbook and agree to adhere firmly to all established policies including the Athletic Code of Conduct.**
 - **I agree to also follow those rules specific to my team.**
 - **I agree to take full responsibility for accident insurance for athletic participation.**
 - **Recognize that as a result of athletic participation, medical treatment on an emergency basis may be necessary and further recognize that school personnel may be unable to contact the parent/guardian for their consent for emergency medical care. The parent/guardian do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then existing circumstances.**

Student/Athlete Signature _____

Date _____

Parent/Guardian Signature _____

Date _____