

NOVI CHRISTIAN ACADEMY
ATHLETIC DEPT. - Coaches Binder
IN CASE OF EMERGENCY FORM

(PLEASE PRINT LEGIBLY)

SPORT:

GRADE:

ATHLETE LAST NAME:

ATHLETE FIRST NAME:

PARENT/GUARDIAN #1 NAME:

PARENT/GUARDIAN #1 I.C.E. CELL PHONE #:

PARENT/GUARDIAN #2 NAME:

PARENT/GUARDIAN #2 I.C.E. CELL PHONE #:

ALLERGIES/MEDICATIONS: (NCA ATHLETICS DOES NOT ADMINISTER MEDICATIONS)

NAME OF PERSON(S) PERMITTED TO PICK UP/CARPOOL YOUR CHILD:

RELATION AND CONTACT TEL. OF PERSON(S) PERMITTED TO PICK UP CHILD:

DOES CHILD ATTEND AFTER-SCHOOL CARE/STUDY HALL AT NCA? ____ YES ____ NO

LIST REGULAR DAYS, if any:

I PERMIT MY CHILD TO TRAVEL IN NCA PROVIDED TRANSPORTATION WHICH MAY INCLUDE, BUT IS NOT LIMITED TO PARENTS, COACHES, TEAMMATES, AND/OR YOUR SON/DAUGHTER'S OWN VEHICLE TO/FROM NCA-SPONSORED ATHLETIC EVENTS:

PARENT SIGNATURE

DATE

REQUIRED IN CASE OF EMERGENCY: If neither parent is available, please contact:

Name #1:

Relation:

Home/Work Phone/Cell:

PLEASE TURN OVER

IN CASE OF EMERGENCY CONTACT INFO. (Cont'd):

Name #2:

Relation:

Home/Work Phone:

Cell Phone:

ANY OTHER INFORMATION YOU FEEL THE COACH SHOULD KNOW:

NAME OF INSURANCE COMPANY:

NAME OF POLICY HOLDER:

PREFERRED HOSPITAL:

NOVI CHRISTIAN ACADEMY does not legally accept liability for accident or injury, which occurs as a result of practice or participation in athletics.

Parents – Please sign under one of the following statements:

1. In case of emergency, when authorized people noted above cannot be reached, school personnel **have my permission to take whatever action is reasonable and appropriate under the circumstances for the welfare of my child.**

Signature of Parent and/or Legal Guardian

Date

2. In case of an emergency when authorized people noted above cannot be reached, **school personnel are neither to tender nor arrange for medical treatment, other than first aid.**

Signature of Parent and/or Legal Guardian

Date