



3-Part Form

Emergency Contact Information - Athletic Insurance Options - Athletic Handbook Verification

EMERGENCY CONTACT INFORMATION

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Athlete's Name	Grade (Fall of 2017)	Date	Home Phone
<input type="text"/>	<input type="text"/>		<input type="text"/>
Parent's Name	Cell Phone		Work Phone
Emergency Contact Person	<input type="text"/>	Phone	<input type="text"/>
Preferred Physician's Name	<input type="text"/>	Phone	<input type="text"/>
Preferred Hospital Name	<input type="text"/>		
Prescription Drugs	<input type="text"/>		
Other Medical Info	<input type="text"/>		

As a parent/guardian, I authorize the treatment of the person named above by a qualified and licensed medical doctor in the event of a medical emergency. The authority is granted only after a reasonable effort has been made to contact me. I agree to assume responsibility for expenses incurred in the handling of this emergency.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Signature		Date

ATHLETIC INSURANCE INFORMATION

Please check the option of your choice. No signature indicates you have adequate insurance.

Option 1 *The student has adequate family insurance coverage.*

Company _____

Policy # _____

Option 2 *The student has school accident insurance.*

Option 3 *The student has football insurance through the school.*

The undersigned is responsible for any or all expenses not covered under the designated plan that has been chosen. By signing, the undersigned acknowledges they have read the above and accept terms in full. If left unsigned, it will be assumed the student has adequate insurance.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Signature		Date

ATHLETIC HANDBOOK ACKNOWLEDGEMENT

I have read the athletic handbook. I understand the rules and standards of conduct. I acknowledge an awareness of the consequences for mis conduct. I understand the athletic handbook is available via the school's athletic website www.lavilleathletics.com and it is available for viewing and download at my convenience.

<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Parent/Guardian Signature		Date
<input checked="" type="checkbox"/>	<input type="text"/>	<input type="text"/>
Student Athlete Signature		Date

Return COMPLETED form to the Athletic Office