

SPORTS INFORMATION AND RELEASE FORM

(Please complete and sign and return
to your coach as soon as possible)

Student's Name: _____

Student's Address: _____

Student Home Phone: _____

Mom Cell Phone: _____ Dad Cell Phone: _____

Emergency Contact: _____

Emergency Contact Phone: _____

Insurance Policy Holder Company & Name: _____

Policy Number: _____ Group Number: _____

Hospital Preference: _____

Doctor: _____ Phone Number: _____

Special Medical Conditions: ie, allergies _____

Parent or Guardian Consent

I do not know of any existing physical or any additional health reasons that would preclude participation in activities.

I acknowledge that there are risks of participating, including the possibility of catastrophic injury.

I hereby give my consent for the above student to compete in KSHSAA approved activities, and to accompany school representatives on school trips and receive emergency medical treatment when necessary. It is understood that neither KSHSAA nor the school assumes any responsibility in case of accident.

Parent or Guardian's Signature

Date

Student's Signature

Date