

This form must be returned to the main office before your child will be allowed to participate in his or her first athletic event of the school year.

EMERGENCY INFORMATION

Student's Name: _____

Age: _____ Grade: _____ Date of Birth: ____/____/____

Parent's Name: _____

Home Address: _____

Phone Number: home: _____ cell: _____

Another Person to Contact: _____

Relationship: _____ Phone Number: _____

Insurance Name: _____

Policy and Group Number: _____

Physician: _____ Phone number: _____

Allergies: _____

Please initial by each statement:

- We have read the handbook and will abide by the rules stated in the handbook.
- I authorize qualified emergency medical professionals to examine and in the event of injury or serious illness, administer emergency care to the above named student. I understand every effort will be made to contact me to explain the nature of the problem prior to any involved treatment.
- In consideration for the opportunity to participate in the athletic program of Providence Academy, the Participant (or parent/guardian) acknowledges and accepts the risks of injury associated with participation in and transportation to and from athletic events. The Participant (or parent/guardian) accepts personal financial responsibility for any injury or other loss sustained during athletic events or during transportation to and from the events, as well as for any medical treatment rendered to the Participant that is authorized by the representatives of Providence Academy. Further, the Participant (or parent/guardian) releases and promises to indemnify, defend, and hold harmless Providence Academy for any injury arising directly or indirectly out of the athletic events or transportation to and from the events.

Parent's signature

Date