

Villa Augustina Sports Emergency Information/Registration

OFFICE USE ONLY

Paid By: Cash

Check

Check Number

ATHLETE INFORMATION

SPORT:

ATHLETE NAME:

AGE: GRADE: SEX: DOB:

ADDRESS:

PHONE NUMBER:

EMAIL ADDRESS:

EMERGENCY CONTACT INFORMATION

PHONE NUMBER WHERE PARENT/GUARDIAN CAN BE REACHED DURING PRACTICE OR GAMES:

CONTACT #1:

PHONE:

CELL:

CONTACT #2:

PHONE:

CELL:

PERSON WHO WILL ASSUME RESPONSIBILITY FOR YOUR CHILD IF YOU CANNOT BE REACHED:

NAME:

PHONE:

MEDICAL INFORMATION

PHYSICIAN:

PHONE:

DENTIST:

PHONE:

HOSPITAL PREFERENCE:

ALLERGIES:

DATE OF LAST TETANUS IMMUNIZATION:

DAILY MEDICATIONS TAKEN AT HOME OR AT SCHOOL:

EMERGENCY MEDICATIONS/INHALERS ATHLETE MAY REQUIRE:

IS ATHLETE ALLOWED TO CARRY THIS MEDICATION WITH HIM/HER?:

OTHER MEDICAL CONCERNS:

MEDICAL INSURANCE COMPANY:

POLICY NUMBER:

UNIFORM INFORMATION

SHIRT SIZE: YS YM YL AS AM AL

PANT SIZE: YS YM YL AS AM AL

In the event of a medical emergency and the parent/guardian cannot be reached, this authorization gives consent for medical treatment due to injury sustained during participation in Villa Athletics. I will not hold the Villa responsible for any injury or repercussion from medical attention. I also give permission to transport my child to a medical facility for the purpose of obtaining medical care following an athletic injury. I understand that every attempt will be made to contact you prior to any decisions. I agree to be financially responsible for the safe return of all athletic equipment issued.

DATE:

PARENT/GUARDIAN SIGNATURE:

DATE:

COACH:

PARENT PERMISSION TO PARTICIPATE IN VILLA SPORTS

FOR PARENTS:

Having read the Villa Athletic/Extra Curricular Policy in the Parent-Student Handbook, I/we give consent for _____ to participate on the _____ team.

FOR STUDENT:

Having read the Villa Athletic/Extra Curricular Policy in the Parent-Student Handbook, I agree to abide by all the rules and regulations.

FOR BOTH:

I/We understand that neither the Villa nor the Villa Booster Club assumes any financial responsibility in case of injury to my/our child.

I/We understand that, in case of injury, the student should report to the coach immediately.

I/We understand that payment for medical treatments will be handled in one of the following ways and in this priority: 1) Parent's health insurance 2) personal payment by the parent or guardian.

I/We fully understand that my/our child is responsible for, and must return, any equipment or uniform issued by the Villa or the Villa Booster Club or make financial restitution for the same at the current replacement cost.

DATE: _____ PARENT/GUARDIAN SIGNATURE: _____

DATE: _____ STUDENT SIGNATURE: _____