

EMERGENCY INFORMATION

FALL SPORT _____ WINTER SPORT _____ SPRING SPORT _____

NAME _____ DATE OF BIRTH ____/____/____ AGE ____
ADDRESS _____ HOLYOKE, MA. 01040

Father's (Guardian's) Name _____ Phone-Home# _____ Work# _____
Mother's (Guardian's) Name _____ Phone-Home# _____ Work# _____

IN AN EMERGENCY, IF THE PARENTS (GUARDIAN) CANNOT BE REACHED, PLEASE NOTIFY:

Name _____ Phone# _____ Relationship _____
Family Doctor _____ Phone# _____
Family Dentist _____ Phone# _____
Preferred Hospital _____ Phone# _____
Known allergies or medical conditions: _____
Medications: _____

AUTHORIZATION FOR EMERGENCY TREATMENT

If my child is injured, becomes ill, or any emergency necessitates immediate medical treatment, I hereby authorize any medical treatment deemed necessary by the appropriate medical personnel if I am not present, or if I cannot be contacted.

Signature of Parent or Guardian _____ Date ____/____/____

RISK ACKNOWLEDGEMENT & CONSENT TO PARTICIPATE

NAME _____ HR# _____ GRADE _____
I.D.# _____ DATE OF BIRTH ____/____/____

I wish to participate in the sport(s) of _____ during the _____ academic year.

I understand that the sport(s) of _____ is an inherently dangerous activity and that there are genuine and serious risks to anyone who engages in this activity. Due to the nature of sport and physical activity, I understand that the risks involved include, without limitation, a full range of injuries, including catastrophic injury resulting in permanent paralysis, brain injury or death.

I knowingly assume responsibility for any and all such risks and any and all such injuries. In furtherance thereof, I do hereby voluntarily choose to participate in this sport and accept this risk as a condition of my participation. My **signature** below indicates that I have read this entire document and understood it completely.

SIGNATURE OF ATHLETE

DATE

*Parent/Guardian must execute form if the athlete is under the age of eighteen (18) years old.

SIGNATURE OF PARENT

DATE

SIGNATURE OF WITNESS

DATE