

SNOHOMISH SCHOOL DISTRICT
ATHLETIC EMERGENCY & CLEARANCE FORM

SCHOOL: \_\_\_\_\_

ATHLETE'S NAME: \_\_\_\_\_ (Please Print Clearly using pen)

Birth Date: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Grade \_\_\_\_\_ Male/Female (Circle One)

Parent's Name(s): \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Father's Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Mother's Employer: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Father's Cell/Pager Phone: \_\_\_\_\_ Mother's Cell/Pager Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Alternate Person to be Notified: \_\_\_\_\_ Phone: \_\_\_\_\_

Physician of Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

Medical concerns/allergies: \_\_\_\_\_

PARENT/GUARDIAN READ AND SIGN

My child is covered by the following Insurance Company: \_\_\_\_\_

If the parents and/or authorized physician named above cannot be reached at the time of an emergency, and if immediate observation or treatment is urgent in the judgement of the school authorities, do you authorize and direct the school authorities to send the pupil to the hospital or doctor most easily accessible and for such doctor to render such observation and treatment as immediately as necessary?

Yes \_\_\_\_\_ No \_\_\_\_\_ Parent/Legal Guardian Signature: \_\_\_\_\_

INSURANCE: I assume financial responsibility for medical expenses that may arise out of my child's participation and understand that the school district does not provide medical insurance for my child.

RIDE PERMIT: I hereby give permission for my child to travel to/from athletic events or activities in transportation arranged by school officials. I also understand that through my written permission my child may be allowed to be transported by another carrier.

ATHLETIC CODE: I understand the terms of both the Athletic/Activity Code and the Athletic Eligibility Form including the Warning and Agreement to Obey Instructions. I request the Snohomish School District to permit my child/ward to participate in and/or to try out for his/her school athletic/activity team(s) and to engage in all activities related to the team, including, but not limited to, trying out, practicing, or playing/participating in the sports or activities.

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE ONLY

AUTHORIZATION TO PARTICIPATE IN SPORTS

OFFICE USE ONLY

This is to verify that the above mentioned student has completed all the necessary athletic/activity forms and they are on file at the school the student is currently attending. He/she is responsible for giving this completed form to the coach, at which time the student is eligible to try out/practice with the team. This form needs to be completely filled out and returned to the coach for each sports season in which the student participates.

SPORT: \_\_\_\_\_ DATE OF STUDENT'S LAST PHYSICAL: \_\_\_\_\_ ASB CARD: [ ] Yes [ ] No

AUTHORIZED STAFF SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_