



Athletic Department - '4 PART FORM'

rev. 9/2011

THIS FORM GOES TO YOUR COACH! - COACH MUST POSSESS A COMPLETED FORM WHILE WORKING WITH THE STUDENT ATHLETE!

Student Name _____ Team _____ Date of Birth _____ Season: FALL - WINTER - SPRING

Participation Release

My signature below is to authorize and consent to my child's participation in interscholastic athletics as a student-athlete at Paul VI Catholic High School. I understand that the sport in which my child will be participating is potentially dangerous and that physical injuries may occur, requiring emergency medical care and treatment. I assume the risk of injury to my child that may occur in an athletic activity.

Print Parent/Guardian Name

Signature

Date

Electronic Communication Permission

My signature below verifies that my student-athlete _____ may communicate

Print Son or Daughter's Name

electronically (including text messages, email, phone, etc.) with his/her coach. List any exceptions: _____

Print Parent/Guardian Name

Signature

Date

Emergency Medical Information

Student Name _____ Jersey # _____ (Coach, Fill-in # once team is selected)

Best Telephone# _____ Alt #s _____

Emergency Contact: Who _____ Phone # _____

Home Address _____

Family Physician _____ Telephone _____

Hospital Preference _____ Last Tetanus shot _____

Allergies/special medical conditions _____

Medicine Administered on field/court _____

Insurance (yes) (no) Information (Company/Policy#) _____

RELEASE FOR TREATMENT: I hereby release Paul VI Catholic HS and give permission to the attending physician or hospital to administer medical treatment in the event I cannot be reached.

Print Parent/Guardian Name

Signature

Date

Transportation Release

I, _____ hereby grant permission for _____ to ride in school provided transportation to any off campus practice or game.
Print Parent/Guardian Name *Print Son or Daughter's Name*

I, _____ hereby grant permission for _____ to drive his/her vehicle or my vehicle to any off campus practice or game.
Print Parent/Guardian Name *Print Son or Daughter's Name*

I, _____ hereby grant permission for _____ to ride with a teammate to any off campus practice or game.
Print Parent/Guardian Name *Print Son or Daughter's Name*

In granting permission to drive or ride in private vehicles, I am signing a release of liability toward the Diocese of Arlington, Paul VI Catholic H.S. or any coach or employee at Paul VI. I am also releasing any driver my child may ride with.

Please list any stipulations/special instructions:

Print Parent/Guardian Name

Signature

Date