

# PROVIDENCE POM/DANCE TEAM

## 2019-2012 TRYOUT PERMISSION AND EMERGENCY FORM

### **Please print all information**

My child, \_\_\_\_\_, being in good health and understanding the responsibility of being on a PCHS team, has my permission to attend the required Clinic and Tryout for the 2019-2020 season. I will not hold Providence Catholic High School or its staff members responsible for any injury that may be incurred as a result of my daughter's participation.

In case of an emergency, illness or accident to the participant named above, the school is authorized to proceed in one of the two following manners:

- ( ) Do **nothing** until the parent/guardian arrives on the scene.  
Emergency phone number: ( ) \_\_\_\_\_ - \_\_\_\_\_
- ( ) Provide emergency procedure including ambulance service to the nearest hospital facility. As parent/guardian of the participant named above, I give permission for the attending physician to treat my child.

Parent/Guardian Signature \_\_\_\_\_

### **Please Print Below:**

Name of Insurance Company: \_\_\_\_\_ Policy #: \_\_\_\_\_

Participant's Name: \_\_\_\_\_

Present Grade in school (circle one)      8      9      10      11

Birth date: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Address: \_\_\_\_\_

City \_\_\_\_\_ IL      Zip Code \_\_\_\_\_

Home Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_      Cell Phone # ( ) \_\_\_\_\_ - \_\_\_\_\_

Emergency Contact Information (if parents cannot be reached)

Name: \_\_\_\_\_ Phone # \_\_\_\_\_