

LAFAYETTE JEFF ATHLETICS – EMERGENCY RELEASE FORM

Dear Parent/Guardian: We are requesting this information concerning you and your child to insure the best possible care. Please print clearly AND complete all information. Thank you!

Circle ALL sports that you want to participate in

BOYS: Baseball Basketball Cheerleading Cross Country Football Golf Soccer Swim Tennis Track Volleyball Wrestling

GIRLS: Basketball Cheerleading Cross Country Golf Gymnastics Softball Soccer Swim Tennis Track Volleyball

FULL NAME OF ATHLETE _____

Date of Birth _____ First _____ Middle _____ Last _____
Student ID # _____ Grade in School _____
(9th, 10th, 11th, 12th)

PARENTS/GUARDIANS

FATHER

_____ Home Phone _____
First Last Cell Phone _____
Address _____ Work Phone _____
City/State/Zip _____
Email Address _____

MOTHER

_____ Home Phone _____
First Last Cell Phone _____
Address _____ Work Phone _____
City/State/Zip _____
Email Address _____

MEDICAL

Doctor _____ Phone _____
Hospital Preference _____ Dentist _____ Phone _____

Known Allergies _____

Please list any other problems we should be aware of _____

- The team physician, trainer, coaches may apply first aid treatment until the family physician can be contacted. YES ___ NO ___
- We give our consent for the team physician, trainer, or coaches to use their own judgment in securing medical aid and ambulance services in case the parents/guardians can not be reached. YES ___ NO ___

Name of Insurance Company _____ Policy No. _____

Address _____ City/State _____ Zip Code _____

I understand that a copy of this form will accompany my son/daughter to out-of-town meets and that this form must be completed in full before he/she will be eligible to participate, i.e., try-out, practice, event.

Date _____ Parent's/Guardian's Signature _____