

2013-2014 Molalla High School

ATHLETIC Emergency Information

School attended spring 2013 (circle one) Molalla River Middle School Molalla High School Other:(list) _____

Please print

Athlete Last Name	First Name	Age	Birthdate	Grade

Emergency Information

Parents/Guardians	
Street/Mailing Address	
City State Zip	
Phone Home / Work	
Parent's Cell	Athlete's Cell:
Email	

In case of emergency, if parents cannot be contacted, notify:

Name		Phone	
Name		Phone	
Family Doctor		Phone	
Preferred Hospital		Known Allergies	

Yes No The team coach, physician, and trainer may apply first aid treatment until the family doctor can be contacted.

Yes No We give our consent for coaches, trainers, and team physician to use their own judgment in securing medical aid and ambulance service in case the parents cannot be reached.

It is the responsibility of the parent/athlete to inform coaches of special medical needs.

SPECIAL MEDICAL NEEDS (Inhaler, allergies....)

Fall Sport	Winter Sport	Spring Sport
Football – Boys Soccer – Girls Soccer	Girls Basketball – Boys Basketball	Softball – Baseball – Track - Golf
Volleyball – Cross Country - Cheer	Swimming-Wrestling-Dance	Boys Tennis – Girls Tennis

INSURANCE INFORMATION – ALL ATHLETES MUST BE COVERED BY INSURANCE and provide the following information:

_____ We have paid for school insurance on (date) _____.

_____ We do not want school insurance and will assume financial risk. Our insurance coverage is with
 Insurance name _____
 Policy Number _____

MUST HAVE SIGNATURE OF PARENT/GUARDIAN:

We give our permission for our son/daughter to compete and train for sports during the 2013-2014 school year.

 Parent or Guardian signature

 Date



NO REFUNDS after the first date of competition.

