



Eddyville Charter School Sports Participation Form

Date _____ School _____ Student Name _____

Birth Date _____ Age _____ Home Phone _____ Parent Work Phone _____

Each athlete participating in a sport/activity must have the following two types of insurance:

1. Private Insurance or insurance purchased through the school AND
2. Catastrophic Insurance purchased through the school

Verification of Private Insurance by Parent/Guardian

Company Name _____ Code: Policy number _____

Verification of Insurance Purchased at School

Football Insurance At School Accident 24 Hour Insurance
(excludes football)

Verification of Catastrophic Insurance (office use only) By _____ Date _____

Family Physician _____ Phone _____

Physician Address _____

Emergency Contact Person _____ Home Phone _____ Work _____

Address _____

List all medications the athlete is currently taking:

1. _____ 2. _____

List all medications the athlete is allergic:

1. _____ 2. _____

I give my daughter/son permission to participate in all sports and for school officials to obtain emergency medical aide for any injury or illness deemed necessary. I also state that my daughter/son is fully covered by the named insurance company and the school will not be liable for any injury that occurs during athletic activities or travel for activities. I hereby state that, to the best of my knowledge, my answers to the questions are correct.

Parent/Guardian Statement

I have reviewed and answered the questions above to the best of my ability. My child and I understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed trainer, coach, or medical practitioner.

I understand that this sports pre-participation physical examination is not designed nor intended to substitute for any regular comprehensive health assessment by the family's licensed medical practitioner, not to discover hidden or unknown illness or injury reasonably outside the realm of sports participation.

Signed _____ Date _____

One copy – School
One copy – Parent

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