

**MARY HELP OF CHRISTIANS ACADEMY
ATHLETIC EMERGENCY INFORMATION CARD**

Athlete's Name _____ Date of Birth _____ Grade _____

Address _____

City _____ State _____ Zip Code _____

Phone _____ Sport _____

Where Parent/Guardians can be reached if not at home (work, cell, etc.)

Mother's Name _____ Home Phone _____

Mother's Cell# _____ Mother's Email _____

Father's Name _____ Home Phone _____

Father's Cell# _____ Father's Email _____

Alternate people to notify- List two neighbors or relatives who will assume temporary care and who may authorize or refuse medical treatment for your child in case you cannot be reached.

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone _____

Is your child allergic to bee stings? Yes No

Is your child allergic to any medications? Yes No List _____

Does your child have asthma? Yes No

If yes, is a medicated inhaler required? Yes No List _____

List any special health / medical conditions that an attending medical person should be aware of, IE. Diabetes, heart murmur, seizures, etc. _____

Family Physician _____ Office Phone _____

Orthopedist _____ Office Phone _____

If emergency treatment is required and none of the above can be contacted, can the school authorities use their own judgment in sending the child to the hospital or doctor most easily accessible or make whatever arrangements are necessary? YES NO

Signature of Parent / Guardian _____ Date _____

MARY HELP OF CHRISTIANS ACADEMY ATHLETIC PERMISSION FORM

NAME _____ GRADE _____ DOB _____
(Last Name) (First Name)

I hereby apply for the privilege of trying out for the _____ Team.
(FALL) (WINTER) (SPRING)

I recognize my responsibilities if I try-out for the above sport(s). I will govern myself so that my connection with the sport will bring honor to it and to the school. If I earn the privilege of making the team I will: (1) Train consistently as advised by the coach. (2) Make a serious endeavor to keep up with my studies. (3) Represent my school and teammates with pride and integrity. (4) Abide by the rules and regulations as per the Student & Athletic Handbooks.

I promise on my word of honor to do the above.

(Students Signature) (Date)

PARENT/GUARDIAN CONSENT

A physical examination is provided by either your own physician or the physician appointed by the school within 365 days of the first practice session. Medical approval is mandatory for all candidates. *Parent Initial*

I hereby give my consent for my daughter to participate in the (FALL Sport) _____ ; _____

(WINTER Sport) _____ ; _____

(SPRING Sport) _____ ; _____

program(s) sponsored by Mary Help of Christians Academy and further agree as parents/guardians to accept financial responsibilities that are beyond or not covered by any existing insurance coverage which may be provided by Mary Help of Christians Academy. Realizing that such activity involves the potential for injury which is inherent to all sports, I / we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. I / we acknowledge that I / we have read and understand this warning and acknowledge that physical injury may be encountered by my child's participation.

(Parent / Guardian Signature) (Date)

ASSUMPTION OF RISK WAIVER for TRAINER

I understand that Mary Help of Christians Academy has hired from an outside source in order to have a trainer at our athletic events. I, the undersigned give my permission for the trainer to perform an injury assessment on my daughter. I understand that this assessment may include but is not limited to range of motion testing, strength testing, and orthopedic special tests which may pose certain risks. There will be no charge to perform this assessment. By signing this form, I assume all risks of injury while being assessed by any of the trainers hired and I waive all claims against the company, its owners, and employees.

(Parent / Guardian Signature) (Date)

TRANSPORTATION WAIVER

My daughter, _____ , can travel to and from any athletic events with the coaches, along with any athletic team parent in their vehicles if need be.

Also, if I am unable to pick up my daughter from an athletic event, she has permission to be picked up from a home or away event by the following person/people: _____

(Parent / Guardian Signature) (Date)

If you do not sign the above transportation waiver you will have to provide a written note to the Athletic Director giving permission for your daughter to be picked up by anyone other than you on an individual basis PRIOR to the athletic event.