

# North Marion High School

## Athletic Participation Permit

(This Athletic Participation form will cover the entire school year. It will be the responsibility of the parent/guardian to report any changes in your son/daughter's medical condition)

Please print clearly

Athlete Last Name	First Name	Age	Birth Date	Grade

Emergency Information	
Parents/Guardians	
Street/Mailing Address	
City State Zip	
Phone numbers	Home: Work:
Additional contact info:	Cell: E-Mail:

IN CASE OF EMERGENCY, IF PARENTS CANNOT BE CONTACTED, NOTIFY:			
Name		Phone	
Name		Phone	
Family Doctor		Phone	
Preferred Hospital		Known Allergies	

- ☐ Yes ☐ No I want my son or daughter to have the privilege of participating in athletics at North Marion High School. While I expect school authorities to exercise reasonable precautions to avoid injury, I understand that they assume no financial obligation for any injury that may occur. I am advised that students are held responsible for all players' equipment owned and issued by the school.
- ☐ 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.
- ☐ Yes ☐ No Will you be applying for Free/Reduced Lunch for the current year?

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

**SPECIAL MEDICAL NEEDS (Inhaler, Epi pen, allergies....)** Date of last physical: \_\_\_\_\_

We give our permission for our son/daughter to compete in the following sport:	
Season:	Sport
Fall	
Winter	
Spring	

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

- ☐ Our school insurance forms/payment is attached (date) \_\_\_\_\_.
- ☐ We do not want school insurance and will assume financial risk. Our insurance coverage is with:  
Insurance Name \_\_\_\_\_ Policy Number \_\_\_\_\_

We agree/consent to the above information, and we acknowledge that we have received and read the North Marion High School Parent & Student Athletics and Activities Handbook and agree to abide by its policies.

Parent or Guardian Signature

Date

Student's Signature

Date