

Mountain View High School Emergency Information

Name _____ Birthdate _____ Age _____
Parent/Guardian Name _____ Home # _____
Parent Daytime # Mom _____ Dad _____
Address _____ City _____ ST _____ Zip _____

In an emergency if parents cannot be contacted:

Notify _____ at _____
(Name) (Phone #)

Family Doctor _____ Dr.'s # _____

Insurance Co. _____ Known allergies _____

The Team Physician, trainer and coach may apply first aid treatment until the family doctor can be contacted. YES _____ NO _____

We give our consent for coaches, trainers and team physicians to use their own judgment in securing medical aid and ambulance service incase the parents cannot be reached.

YES _____ NO _____

Parent Signature _____ Date _____

Notice of Risk for Student Athletes

We give permission for _____ to participate in organized high school athletics, realizing that such activity involves the potential for injury, which is inherent in all sports. 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. On rare occasions these injuries can be so severe as to result in total disability, paralysis or even death.

We the undersigned understand the dangers of practicing, playing and participating in sports. We also recognize the importance of following instructions given by the coaches regarding playing techniques, training and of obeying team rules. We specifically acknowledge we have carefully read and understand the Notice Of Risk for Student Athletes.

Player Signature

Parent/ Guardian signature