

SFCA Athletic Participation Form

Student-Athlete Information

Name _____
Grade _____
Date of Birth _____
Social Security # _____
Address _____

Insurance Information

Policyholder's Name _____
Insurance Company Name _____
Policy Number _____

Emergency Medical Treatment Permission and Information

I hereby authorize SFCA to obtain any emergency care that may become reasonably necessary for the student in the course of athletic participation and travel.

Allergies and/or special medical problems: _____

Medications taken by student _____

Family Physician name and phone # _____

Student/Participation/Travel Permission

I hereby give my consent for the above named student to represent SFCA in athletics including team travel for local or out-of-town trips, for the current school year. The above named student has my permission to participate in all athletic trips during the current school year. I absolve the school and driver of the vehicle from liability if an accident occurs during one of these trips. I also authorize school personnel to administer first aid to my child if any injury or illness should occur.

The above named student resides with me, and I do hereby certify that I have read this form and understand the rules contained therein, and that the information given is accurate. I accept the responsibility to inform the school of any future changes of this information.

Signature of Parent/Guardian _____

Telephone # _____

Date _____