

**\*\* Tear off and Return to Your Coach \*\***

**PARENT AND STUDENT-ATHLETE AWARENESS**

I have read and understand the guidelines, procedures, and training rules.

\_\_\_\_\_  
(Name of Athlete)

\_\_\_\_\_  
(Sport)

\_\_\_\_\_  
(Signature of Parent/Guardian)

\_\_\_\_\_  
(Signature of Student-Athlete)

**MEDICAL RELEASE FORM**

The following information must be supplied in the event of injury or illness during sports participation. Medical facilities will not treat minors in the absence of a parent unless the situation is life-threatening.

Parent or Guardian \_\_\_\_\_

Date \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Place of Work \_\_\_\_\_

Physician \_\_\_\_\_

Hospital Preference \_\_\_\_\_

C.D.P.H.P. \_\_\_\_\_ (must be contacted before transport to hospital for coverage to be effective)

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Player Signature

\_\_\_\_\_  
Coach Signature