

# Oostburg Athletic Association \* Participation Form

Athlete Name: \_\_\_\_\_ Year in School: \_\_\_\_\_

Sport: \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Player Cell Phone Number: \_\_\_\_\_

Mom's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Dad's Name: \_\_\_\_\_ Email: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

## Athletic Permission Form

I am aware that the sport my son/daughter is participating in requires travel and supervision away from school premises, and agree:

1. that if emergency medical treatment is necessary, my son/daughter may be taken to the nearest medical facility to have emergency medical attention rendered as deemed necessary by the attending physician.

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

2. to assume responsibility for damage to persons or property caused by my son/daughter during this activity.

3. that if the health of my son/daughter requires it, I may need to arrange for his/her transportation home.

**Check your son/daughter's special health needs next to each area below, and explain in the space provided:**

_____ food or environmental allergies	_____ current medications	_____ seizure history
_____ respiratory problems	_____ previous sports injuries	_____ diabetes
_____ heat stroke or related heat illness	_____ heart condition	_____ head injury
_____ other (please list below)		

Explanations and other health conditions:

\_\_\_\_\_  
\_\_\_\_\_

If your son/daughter's health condition changes during the term of this athletic activity or sport, parents must contact the coach to update these records.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_