



ATHLETE CONSENT, DATA, AND EMERGENCY TREATMENT INFORMATION

Student Name (Last, First, MI) _____ Student ID# _____

Street Address _____ City _____ State _____ Zip _____

Gender Male Female Date of Birth _____ Grade _____

Home Phone _____ Parent Mobile Phone _____ Student Cell Phone _____

Parent/Guardian Email Address _____ School Year 2019-2020

EMERGENCY CONTACT INFORMATION
(Please provide at least 2 contacts – Parent/Guardian should be listed 1st as Primary Contact)

Name	Relationship	Home Phone	Work Phone	Mobile Phone

INSURANCE AND BILLING

Insurance Co _____ Policy # _____ Insurance Co. Phone _____

Policy Holder's Name _____ Effective Date _____

Do you have any of the following conditions (check all that apply)?

- Anemia Asthma _____ (Inhaler Type) Sickle Cell/Sickle Cell Trait Diabetes
 - Epilepsy High Blood Pressure Allergies _____
 - Other _____ Previous Concussion/Head Injury; if yes, date? _____
- Do you wear contacts or glasses? Yes Contacts Glasses No

When was your last tetanus booster? Month/Year _____

List all medications currently used including prescribed, over the counter and rescue inhalers _____

Should it become necessary for this student to require medical treatment while participating in an interscholastic athletic event, trip, or practice session, I hereby authorize the health care providers on site (athletic trainers, team/game physicians and emergency medical technicians (EMT's) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if healthcare personnel are unable to reach those designated above, I give my consent to the athletic healthcare providers or a representative of RICHARD WRIGHT PCS School to take my child to a hospital, emergency care center or available physician.

Signature _____ Date _____

(Parent, Guardian or Student 18yrs+)



STUDENT NAME _____

ATHLETE'S INTEREST (Check all that apply)		
FALL SPORTS	WINTER SPORTS	SPRING SPORTS
<input type="checkbox"/> MS Coed Cross Country <input type="checkbox"/> HS Coed Cross Country <input type="checkbox"/> HS Coed Flag Football <input type="checkbox"/> HS Girls Volleyball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Dance Team	<input type="checkbox"/> MS Indoor Track <input type="checkbox"/> HS Indoor Track <input type="checkbox"/> HS Boys Basketball <input type="checkbox"/> HS Girls Basketball <input type="checkbox"/> Cheerleading <input type="checkbox"/> Dance Team	<input type="checkbox"/> MS Coed Baseball <input type="checkbox"/> HS Coed Baseball <input type="checkbox"/> MS Boys Track <input type="checkbox"/> MS Girls Track <input type="checkbox"/> HS Boys Track <input type="checkbox"/> HS Girls Track <input type="checkbox"/> Dance Team
STUDENT PARTICIPATION PERMISSION		

I hereby give my consent for the above-named student to represent RICHARD WRIGHT PCS in ALL SPORT programs offered (preseason, in-season, and postseason), including team travel for local or out-of-town trips.

STATEMENT: Prior to participation in interscholastic programs and/or trips, all students (18 years of age or older) and the parents/guardians of minor student-athletes who seek to participate in such programs and/or trips, are required to sign this form and are deemed to have waived all claims against the RICHARD WRIGHT PCS and its employees, for any injury, accident, or illness occurring during or by reason of participation in an interscholastic athletic program and/or trip. I accept the responsibility to inform the school of any future change of this information including medical changes. Students participating in any athletic related activity must have a current (within the last 365 calendar days) District of Columbia Universal Health Certificate on file with RICHARD WRIGHT PCS. Students participating in athletic competitions may be photographed during the competition.

I have read this form and understand the rules contained herein, and the information supplied is true and correct to the best of my knowledge.

SIGNATURE of Parent/Legal Guardian/Student (18 years+) _____

Relationship to Student: _____ Date: _____