

Sport \_\_\_\_\_

# Loy Norrix High School

## Consent Form

Athlete's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Graduation Year: \_\_\_\_\_

Address: \_\_\_\_\_ Gender (please circle): M F

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Phone: \_\_\_\_\_ e-mail \_\_\_\_\_

Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Parent's E-mail \_\_\_\_\_

Student Lives with (PLEASE CIRCLE) Mother Father Guardian

### EMERGENCY CONTACT – IF A PARENT/GUARDIAN CANNOT BE REACHED

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Athlete's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Family Insurance Co. \_\_\_\_\_ Contract # \_\_\_\_\_

### CONSENT of UNDERSTANDING and ACCEPTANCE

This Statement of Understanding and Acceptance acknowledges that I/we have read, understand, and agree to follow the Kalamazoo Public Schools Code of Conduct book, the Loy Norrix High School Student Handbook, as well as guidelines established by the coach throughout the year.

I HEREBY GIVE my consent for the above-named student athlete to participate in interscholastic athletic activities. I realize that there is a risk of being injured that is inherent in all sports. I realize that the risk of injury may be severe, including the risk of fractures, brain injuries, paralysis, or even death.

BE IT KNOWN that I also give my consent for the above-named student to accompany the team as a member on its out-of-town trips. I understand that, on some occasions, coaches will allow athletes to ride with the parent/guardian of other team members to and/or from athletic events in privately-owned cars.

IT IS FURTHER understood that I agree to pay a one-time per year fee of \$25 for insurance with the understanding and acceptance that the insurance is a secondary policy per coverage.

### CONSENT for MEDICAL TREATMENT

I recognize that medical treatment on an emergency basis may be necessary as a result of athletic participation, and further recognize that school personnel may be unable to contact me for my consent for emergency medical care. My signature below attests that I do hereby consent in advance to such emergency care, including hospital care, as may be deemed necessary under the then-existing circumstances and to assume the expenses of such care, and allow all medical information to be released and/or reviewed by Loy Norrix High School, and for consent to disclosure to the MHSAA of information otherwise protected by FERPA and HIPAA for the purpose of determining eligibility for interscholastic athletics.

I HEREBY acknowledge that the answers to all questions on this form are complete and correct. I reside within the Kalamazoo Public School District's boundaries and that I reside at the address listed above. I accept and agree to abide by the procedures and rules of Kalamazoo Public Schools.

**Athlete Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ Date: \_\_\_\_\_

### FOR OFFICE USE ONLY:

Physical \_\_\_\_\_

Insurance \_\_\_\_\_