

School Year

2016-2017

Please check sport(s):

Soccer X-Country Volleyball

Wrestling Basketball

Tennis Track & Field

Student Last Name

M F

6TH 7TH 8TH

AFTER SCHOOL SPORTS

Emergency/Health Insurance Form
PLEASE PRINT OR TYPE CLEARLY

Contact Information

Students Name (First/Last) _____ Birthday ____/____/____
Address _____ City _____ Zip _____

Home Phone (____) _____ My child lives with: _____

Email Address #1 _____ @ _____ #2 _____ @ _____

Father's Name _____ Business Phone (____) _____

Mother's Name _____ Business Phone (____) _____

Please list two people you authorize the coach to contact if your child becomes ill or injured and you cannot be reached:

1. _____ Phone (____) _____ 2. _____ Phone (____) _____

Health Insurance Information

Every participant in After School Sports must have adequate health insurance. Please list:

Name of Health Insurance _____ Subscriber's Name _____

Medical Number _____ Phone _____

Family Physician _____ Hospital/Clinic _____ Phone _____

Family Dentist _____ Address _____ Phone _____

Known Medical Concerns

Does your child have health problems that the coach should know about such as: asthma, diabetes, heart trouble, seizures, physical handicap, activity limitations, overweight, or sensitivity to drugs, bee stings, etc?

Is your child taking any prescribed medications? No Yes

Describe:

The undersigned, in consideration of participation in this program, agrees to indemnify and hold the Los Gatos Union School District and Community Education and Recreation Department harmless and release the District and Department from any and all liability for any injury which may be suffered by the above named individual(s) registered in this program, arising out of, or in any way connected with participation in this program. I give my consent for emergency medical or dental treatment including transportation to the nearest emergency aid facility if the listed persons cannot be reached. I understand I am responsible for all payments of medical fees, transportation fees, or additional expenses incurred. I HAVE READ THE AFTER SCHOOL SPORTS INFORMATION AND HAVE SIGNED ALL SPORTS INFORMATION PAPERWORK. I WILL ABIDE BY ALL RULES AND POLICIES AND FULLY UNDERSTAND THAT I ASSUME ALL RISKS FOR ANY INJURIES RECEIVED AND AGREE TO ACCEPT FINANCIAL RESPONSIBILITY. MY CHILD _____ HAS MY PERMISSION TO TRAVEL IN PRIVATE CARS TO ALL AWAY GAMES.

PRINT NAME (Parent/Guardian) _____ DATE _____

SIGNATURE (Parent/Guardian) _____ DATE _____