



Concordia Athletics

Participation/Transportation/Emergency Contact



Athlete's Name _____

School Year _____

Emergency Contact Information

Participant's Full Legal Name _____

Parent/Guardian's Full Name _____

Address _____

Home Phone Number _____ Hospital Preference _____

Work Phone Number _____ (circle one:) Mother Father Other

Cell Phone Number _____ (circle one:) Mother Father Other

Other contact in emergency (Name & Phone #) _____

Chronic ailments, allergies, or other pertinent information _____

Special Notes:

Please include any additional information that the coach and/or athletic director should be aware of for your student...

Consent

In consideration of my student's opportunity to participate in interscholastic activities, I hereby consent to emergency medical treatment, hospitalization, or other medical treatment as may be necessary for the welfare of the above named child, by a physician, qualified nurse, or other persons trained in the rendering of first aid, in the event of injury or illness during all periods of time in which the student is away from his/her legal residence as a member of an interscholastic activity team or group, and hereby waive on behalf of myself and the above named child any liability of Concordia Schools, any of its agents, volunteers, or employees, arising out of such medical treatment. I understand that my student can be hurt participating in athletics and the full extent of injury can range from a hangnail to the unlikely occurrence of a death.

Parent/Guardian Signature

Date



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Athlete's Name _____

School Year _____

Parental Permission for Participation, Fees and Transportation

Please circle **all** sports you are permitting your student to participate in **during the current school year**.

Season

Fall

Winter

Spring

Boys:

Basketball

Flag Football

Soccer

Girls:

Volleyball

Basketball

In addition, I understand that in order for my student-athlete to participate in sports at Concordia, I will pay a fee of \$50.00 per sport/season.

There is a discount for student athletes who participate in 3 sports per school year. _____

Please submit all sports participation fees to the school office or to the Athletic Director. If paying by check, please write the student's name and sport(s) in the memo line.

Payment schedule: See the Athletic Department Annual Overview for a complete schedule of the sports.

Fall Sports—9/1/17 Winter Sports—11/17/17 Spring Sports—2/26/18

Furthermore, I give my permission for my student to:

1. Ride to and from practices and games in a vehicle driven by a Concordia coach.
2. Ride to and from practices and games in a vehicle driven by a Concordia Teacher/Staff.
3. Ride to and from practices and games in a vehicle driven by a Parent.

Parent/Guardian Signature

Date