

# **Player Information Form**

Student Name: \_\_\_\_\_ Parent(s) Name: \_\_\_\_\_

Students Age: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Year in School: \_\_\_\_\_

Home Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**This portion needs to be filled out completely. If it is not filled out your child cannot participate in athletics.**

School Insurance Needed: Yes \_\_\_\_\_ No \_\_\_\_\_

*\*insurance is required (you may contact the school for more information about sports insurance)*

Name of Insurance Company: \_\_\_\_\_

Insurance Card Number: \_\_\_\_\_

Yes

No

Any known allergic reaction to medications:

\_\_\_\_\_

\_\_\_\_\_

Had Surgery

\_\_\_\_\_

\_\_\_\_\_

Been Hospitalized

\_\_\_\_\_

\_\_\_\_\_

Been under a physician's care

\_\_\_\_\_

\_\_\_\_\_

Had a serious injury

\_\_\_\_\_

\_\_\_\_\_

Had an injury requiring a physician's care

\_\_\_\_\_

\_\_\_\_\_

Been rendered unconscious

\_\_\_\_\_

\_\_\_\_\_

Started taking any new medications

\_\_\_\_\_

\_\_\_\_\_

Developed any health problems

\_\_\_\_\_

\_\_\_\_\_

(Please explain all yes answers):

## Consent Form

I hereby consent to the above named student participation in the interscholastic athletic programs at Wallace Jr/Sr. High School. This consent includes travel to and from athletic contests and practice sessions. I further consent to treatment deemed necessary by physicians designated by school authorities for any illness or injury resulting from his/her athletic participation.

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