



## ATHLETIC RELEASE FORM

NAME \_\_\_\_\_ SPORT \_\_\_\_\_

SEX (M) (F) GRADE \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_

NAME OF PARENT/GUARDIAN \_\_\_\_\_

ADDRESS (IF DIFFERENT FROM ABOVE) \_\_\_\_\_

HOME PHONE # (MOTHER) \_\_\_\_\_ (FATHER) \_\_\_\_\_

BUSINESS PHONE # (MOTHER) \_\_\_\_\_ (FATHER) \_\_\_\_\_

### PERSON OTHER THAN PARENT/GUARDIAN TO CONTACT IN CASE OF EMERGENCY

NAME \_\_\_\_\_ RELATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

### FAMILY PHYSICIAN INFORMATION

PHYSICIAN'S NAME \_\_\_\_\_ SPECIALTY \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_ EMERGENCY # \_\_\_\_\_

### INSURANCE COMPANY INFORMATION

PRIMARY \_\_\_\_\_ POLICY # \_\_\_\_\_

SECONDARY \_\_\_\_\_ POLICY # \_\_\_\_\_

MEDICAID \_\_\_\_\_ NUMBER \_\_\_\_\_

PLEASE INITIAL EACH OF THE FOLLOWING STATEMENTS TO SHOW THAT THE STATEMENT HAS BEEN READ, UNDERSTOOD, AND APPROVED.

- \_\_\_\_\_ I consent to have my son/daughter represent his/her school in approved activities except those excluded by the examining Physician.
- \_\_\_\_\_ I grant permission for my son/daughter to accompany any school team of which he/she is a member to out-of-town trips.
- \_\_\_\_\_ In the event of an emergency requiring medical attention, I expect every reasonable attempt to be made to contact me. In case I cannot be reached, I grant permission for any immediate treatment deemed necessary by the attending Physician and transfer of my son/daughter to a qualified medical facility. This authorization does not cover major surgery unless formally decreed prior to surgery by two licensed physicians or dentists.
- \_\_\_\_\_ I acknowledge and accept that there are risks of physical injury involved in athletic participation which may result in permanent paralysis, mental disability, and death.
- \_\_\_\_\_ I agree not to hold the school or anyone acting on its behalf responsible for any injury occurring to my son/daughter in the proper course of such athletic activities or travel.

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Anderson School District Five requires that all students who participate in South Carolina High School League-governed sports have student athletic insurance in effect for the entire school year. Please choose an athletic insurance option below.

- \_\_\_\_\_ I wish for my son/daughter to use my family health and liability insurance for the 2014-2015 school year and do **not** wish to purchase the District athletic insurance. I represent that my family health and accident liability insurance policy sufficiently covers my child for injuries that she/he may receive during South Carolina High School League-sponsored athletic events. (Please make sure that the “Insurance Company Information” section is completed). If your family insurance is stopped/cancelled for any reason, you will be expected to contact the athletic director and purchase the athletic insurance from the school district immediately. This option is available to parents during the duration of the school year should something happen to your current insurance policy.
- \_\_\_\_\_ I wish to purchase athletic insurance through the District. Cost - High School \$50, Middle School \$30. Coaches will have information on insurance policy, enrollment forms, etc. Information will also be on the Anderson School District Five website – [www.anderson5.net](http://www.anderson5.net), click on parents tab, and then click athletic insurance.

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

(Parent/Legal Guardian)

PRINT NAME \_\_\_\_\_