

HOOVER-MEREDITH ACTIVITY/EMERGENCY REGISTRATION FORM

(Complete ALL information below - PLEASE PRINT)

NAME: _____ Home Phone: _____
(First) (Middle Init.) (Last)

Male ___ Female ___ Student ID Number: _____ DOB: _____ Grade: _____

Street Address: _____ City: _____ Zip: _____

Custodial Parent/Guardian Name: _____ Relationship: _____

Work Phone: _____ Cell Phone: _____ Email address: _____

ATHLETE/PARENT RULES ACKNOWLEDGEMENT

I hereby acknowledge that I have read the "Athletic Rules and Regulations" and agree to adhere to those regulations while participating in athletics at Hoover High School.

Date _____ Signature of Parent _____

Date _____ Signature of Student/Athlete _____

HEALTH INFORMATION FORM

In an emergency, when parent/guardian cannot be reached, please contact (must be an adult):

_____ Relationship _____ Phone: _____

Family Doctor: _____ Phone No. _____

Family Dentist: _____ Phone No. _____

Preferred Hospital: _____ Phone No. _____

(Check One) I do _____ do not _____ have health insurance

List any known allergies, drug reactions, or other pertinent medical information. (Diabetes, seizures, history of head injury with unconsciousness or confusion, medications, etc.) _____

CONSENT FOR ATHLETIC CONDITIONING, TRAINING, AND HEALTH CARE PROCEDURES:

I hereby give consent for my child to participate in the school's athletic conditioning/training program(s) and to receive any necessary health care treatment/evaluation including first aid, diagnostic procedures, and medical treatment, that may be provided by treating physicians, nurses and other health care providers, including a contractor of Athletic Training services, and the contractor's facilities. Contractor has my permission to release athletic injury/illness information about my child to the school, our treating physician, and/or our other healthcare providers participating in the care of the injury/illness. In the event I cannot be reached in an emergency, I hereby give permission for my child to be transported to receive necessary treatment. Contractor and/or High School may use general injury information that does not identify my child for athletic injury preventive research.

Date _____ Parent's /Guardian's Signature _____

Form valid from date of signature(s) until such time as rescinded by parent or guardian

PHYSICAL ON FILE _____ DATE SUBMITTED _____ EXPIRATION DATE _____

ACTIVITY:

Band _____
Football _____
CC _____
Volleyball _____
Golf _____
Cheerleading _____
Orchestra _____

Choir _____
Swimming _____
Basketball _____
Bowling _____
Track _____
Tennis _____

Drama _____
Soccer _____
Baseball _____
Softball _____
Grades _____
Code _____
Concussion _____

(Date)

(Athletic Director/ AD Secretary)

*This form contains medical information and should be treated as confidential by the school, its employees, agents and contractors.