

GENERAL ATHLETE INFORMATION AND RELEASE FORM

Please fill out all information that applies. Please print clearly.

Athlete Name: _____ Parent Name(s): _____

Address: _____ Home Phone: _____

City, State Zip: _____ Parent Cell: _____

Current School: _____ Parent Email: _____

Current Grade: _____ Athlete Cell: _____

Date of Birth: _____ Athlete Email: _____

Please list any physical/psychological limitation, injury, or weakness that may affect the athlete:

Authorization and Release

I authorize Western School District (WSD) and all programs associated with WSD and its representatives to consent to medical treatment for my child when I cannot be reached to so consent. I also give WSD, permission to administer the necessary emergency care to my child to stabilize and/or improve the current injury or condition that my child may have sustained during activities related to WSD instruction, practices, or performances. No prior determination to life threatening emergency or danger of serious or permanent injury resulting from treatment need be made under this authorization.

Exceptions to this authorization are as follows:

I am fully aware that any activity involving motion, height, or athletic activity creates the possibility of serious injury, and I further agree to hold WSD and its staff and officers harmless for any injury or resulting expense(s). I release and discharge all rights and claims against WSD. WSD strives to provide the maximum in safety procedures and guidelines, and therefore assume no responsibility for any accidents or injuries that may occur. Furthermore, all images and videos of WSD are the property of WSD and can be used for promotional consideration.

I understand that I am financially responsible for payment of all fees at WSD. for the above athlete including but not limited to registration, uniforms, damages, etc.

Parent/Legal Guardian Signature: _____ Date: _____

Any medicines allergic to: _____

Doctor: _____

Insurance Carrier: _____

Emergency Contact: _____

Phone: _____

Policy Number: _____

Phone: _____