

LEGAL GUARDIAN CONSENT

I/we give our permission for _____ to participate in organized interscholastic athletics, realizing that such activity involves the potential for injury which is inherent in all sports. I/we acknowledge that even with the best coaching, use of the most advanced protective equipment and strict observance of rules, injuries are still a possibility. On rare occasions, these injuries can be so severe as to result in total disability, paralysis, quadraplegia or even death.

I/we acknowledge that I/we have read and understand this warning.

My signature verifies also that _____ am the legal guardian of the above named student.

Parent / Guardian

Player

67-75-1210

INSURANCE INFORMATION CARD CHANDLER UNIFIED SCHOOLS

ATHLETE EMERGENCY CARD

Name _____ Grade _____

Student's Name _____

For a student to participate in a vocational work/study program, accident insurance is required.

I, _____ give the coach permission to seek medical aid as deemed necessary for my son/daughter in the event I cannot be contacted.

NAME OF COMPANY STUDENT IS COVERED BY:

Policy No. _____ Expir. _____

Signed _____

I do want school insurance: yes _____ no _____

Address _____

At school protection _____ 24 hour _____

Phone _____

[Parent/Guardian Signature]

Doctor _____

Address

Phone _____

Phone

Insurance Co. _____