Last Name	First	M.I.	Sex	Birthdate

Address: _____

Hoover Schools Athletic Warning Statement & Consent to Participate

As an athlete/athletic parent in the Hoover City School's Athletic program, I/We understand that participation in any sport can be a dangerous activity involving MANY RISKS OF INJURY. I/We further understand that there are serious risks including and not limited to brain damage, cardiac arrest, serious injury to internal organs and to bones, joints, ligaments, muscles, tendons, and other serious injury or impairment to other aspects of the athlete's general health and well-being. I/We understand that the dangers and risks of participating in sports also include the potentially high cost of medical care and impairment of the athlete's future ability to earn a living, to engage in other business, social and recreational activities, and generally to enjoy life. Recognizing these risks, I/we consent to the participation my/our son/daughter in the sports program offered by Hoover Schools. I/we also agree to comply with all rules, regulations, and recommendations of administrators, coaches, athletic trainers and doctors concerning injury prevention and care. I/we hereby grant consent to any and all health care providers designated by Hoover Schools to provide my child any necessary medical care as a result of any injury illness. Furthermore, I / We grant consent to any and all health care providers designated by Hoover Schools to perform sickle cell screening via finger stick on my son / daughter. I/We consent to participation in the following sport(s):

☐ Baseball	☐ Cross Country	☐ Indoor Track	☐ Softball	☐ Volleyball
☐ Basketball	☐ Football	☐ Outdoor Track	☐ Swimming	☐ Wrestling
☐ Cheerleading	☐ Golf	☐ Soccer	☐ Tennis	☐ Dance

_____ _____

Signature of Parent/Guardian Date Signature of Student Date

Emergency Information

Please print.

Parent/Guardian Name: _____

Home phone: _____ Father's Work: _____ Mother's Work: _____

Family Doctor: _____ Phone_____

Preferred Hospital:_____

HEALTH INSURANCE INFORMATION *Note: **This MUST be completed.** Proof of insurance must be attached. You must have insurance to participate. If you do not have health insurance, see the athletic dept for recommendations. Also, please inform us of any changes in your insurance coverage during the school year.*

Carrier: _____ Policy No.: _____ Group No. _____

Policyholder's name: _____ Relationship: _____

MEDICAL HISTORY: List any allergies or medical conditions: _____

_____

EMERGENCY, if parents cannot be contacted, notify:

Name_____ Relationship: _____

Phone: Day_____ Night _____