

Sport: \_\_\_\_\_

School: \_\_\_\_\_

**ACKNOWLEDGEMENT OF RISKS IN SPORTS PARTICIPATION**

I, \_\_\_\_\_, hereby acknowledge that I have been properly advised, cautioned and warned by the coaching personnel of Granite School District that by participating in any sport **I am exposing myself to the risk of serious injury, including but not limited to, the risk of sprains, fractures and ligament and/or cartilage damage which could result in a permanent, partial or complete, impairment in the use of my limbs; brain damage; paralysis or even death.** Having been so cautioned, it is still my desire to participate in the Granite School District athletic program. I further acknowledge that I do so with the full knowledge and understanding of the above mentioned risks to which I am exposing myself by participating in sports.

Signature of athlete \_\_\_\_\_ Date \_\_\_\_\_

-----  
I/We the parent(s) of \_\_\_\_\_ do hereby state that my son/daughter is in normal health and is capable of safely participating in GRANITE DISTRICT SPORTS and I/we acknowledge that I/we fully understand that **my/our child named above may suffer serious injury, including but not limited to sprains, fractures, brain damage, paralysis or even death by participating in interscholastic sports sponsored by Granite School District.** With full knowledge and understanding of the potential risk of serious injury to my/our child named above, I/we give my/our consent for him/her to participate in the sports program offered by Granite School District. ***In an emergency situation, I/we authorize district personnel to act in the best interest of my child if I/we cannot be contacted.***

**The date of my/our child's last physical examination was \_\_\_\_\_.**

\*\* Further, I/we understand that Granite School District **does not carry accident insurance** for my/our child and that it is my/our responsibility to secure necessary insurance. \*\*

Emergency Information  
Person to notify in emergencies \_\_\_\_\_ Telephone \_\_\_\_\_  
Doctor or hospital \_\_\_\_\_ Telephone \_\_\_\_\_

Signatures of Parent(s) or Guardian

\_\_\_\_\_

Date \_\_\_\_\_

This form is kept on file at the participating school for a period of four years.

# CONSENT FOR EMERGENCY CARE

I, the undersigned, am the parent or legal guardian of \_\_\_\_\_, a minor. During my absence during the \_\_\_\_\_ school year, I extend power of attorney for authorizing the medical care of the above named minor to the \_\_\_\_\_ High School Coaching Staff.

## ATHLETIC EMERGENCY INFORMATION SHEET

Athlete's Name \_\_\_\_\_ Grade \_\_\_\_ Age \_\_\_\_ Date \_\_\_\_\_

DOB \_\_\_\_\_ School \_\_\_\_\_

Legal Parent/Guardian Names-Father \_\_\_\_\_ Mother \_\_\_\_\_

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone-Father \_\_\_\_\_ Mother \_\_\_\_\_

Cell Phone \_\_\_\_\_

Person to call if Parent/Guardian cannot be reached: \_\_\_\_\_

Phone \_\_\_\_\_

Preference of Physicians:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

If no physician is available, do we have your permission to take your child to a hospital or other available physician? \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance Co. \_\_\_\_\_ Policy # \_\_\_\_\_

Group # \_\_\_\_\_ Insured Person \_\_\_\_\_

## MEDICAL INFORMATION

Existing Medical Problems \_\_\_\_\_

Allergies \_\_\_\_\_

Last Tetanus booster shot (month/year) \_\_\_\_\_

Routine Medications \_\_\_\_\_

Restrictions \_\_\_\_\_

Signature: Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_