

# Marist High School Student Athletic/Activity Eligibility Form

To be completed by a Parent/Guardian

Please circle any sport in which your son/daughter is planning to participate in:

**Fall:** Football Soccer Volleyball Cross Country Water Polo Cheer Dance

**Winter:** Basketball Swimming Wrestling Cheer Dance

**Spring:** Baseball Softball Golf Track & Field Tennis Lacrosse **Grade** \_\_\_\_\_

Student's Name \_\_\_\_\_ Sex: M F Birth Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Place of Birth-City \_\_\_\_\_ State \_\_\_\_\_

\_\_\_\_\_ Home Phone \_\_\_\_\_

Address \_\_\_\_\_ Work Phone \_\_\_\_\_

City, Zip Code \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

## Emergency Information

Insurance Company \_\_\_\_\_ ID# \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Home Phone \_\_\_\_\_

Relationship to Student \_\_\_\_\_ Work Phone \_\_\_\_\_

Student's Physician \_\_\_\_\_ Office Name (Peacehealth, OMG, etc.)

Physician's Phone \_\_\_\_\_

Current Medication(s) \_\_\_\_\_

Allergies \_\_\_\_\_

Current Medical Condition(s) \_\_\_\_\_

I, and my child understand and accept that there are risks of serious injury and death in any sport, including the one(s) in which my child has chosen to participate. I hereby give permission for my child to participate in sports / activities.

I hereby authorize emergency medical treatment and/or transportation to a medical facility for any injury or illness deemed urgently necessary by a licensed athletic trainer, coach, or medical practitioner.

\*Students may have their image or likeness used in any print or electronic media for use of documentation and/or advertisement.

All of the above information is true and correct to the best of my knowledge.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_