

MOBILE COUNTY PUBLIC SCHOOL WAIVER/INSURANCE FORM

LAST NAME _____ FIRST _____ M.I. _____ SEX _____ DATE OF BIRTH _____

ADDRESS _____

MOBILE COUNTY PUBLIC SCHOOL ATHLETIC WARNING STATEMENT & CONSENT TO PARTICIPATE

As an athlete / athletic parent in the MCPSS Athletic program, I / We understand that participation in any sport can be a dangerous activity involving **MANY RISKS TO 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 enjoy life. Recognizing these risks, I / We consent to the participation of my / our son / daughter in the sports program offered by MCPSS. 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 Mobile County Public School to provide my child any necessary medical care as a result of any injury / illness. I / We consent to participation in the following sport(s)

- | | | | | |
|---------------------------------------|--|--|-----------------------------------|-------------------------------------|
| <input type="checkbox"/> Baseball | <input type="checkbox"/> Cross Country | <input type="checkbox"/> Gymnastics | <input type="checkbox"/> Soccer | <input type="checkbox"/> Tennis |
| <input type="checkbox"/> Basketball | <input type="checkbox"/> Football | <input type="checkbox"/> Indoor Track | <input type="checkbox"/> Softball | <input type="checkbox"/> Volleyball |
| <input type="checkbox"/> Cheerleading | <input type="checkbox"/> Golf | <input type="checkbox"/> Outdoor Track | <input type="checkbox"/> Swimming | <input type="checkbox"/> Wrestling |

Signature of Parent / Guardian

Date

Signature of Student

Date

EMERGENCY INFORMATION

PLEASE PRINT

Parent / Guardian Name: _____

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

Father's Cell: _____ Mother's Cell: _____

HEALTH INSURANCE INFORMATION: NOTE: This MUST be completed. You must have insurance to participate. If you do not have health insurance, you can take the accident policy offered through MCPSS or All Kids. Check with your school for further information. Also, please inform us of any changes in your insurance coverage during this school year.

Carrier: _____ Policy No.: _____ Group No.: _____ Expiration Date _____

Policyholder's name: _____ Relationship: _____

MEDICAL HISTORY: List any allergies or medical conditions: _____

In EMERGENCY, if parents cannot be contacted, notify:

Name: _____

Relationship: _____

Home phone: _____ Work: _____ Cell: _____