

# CONNER MIDDLE SCHOOL ATHLETE INFORMATION

## ATHLETIC DEPARTMENT

JO ANNE PENNINGTON, ATHLETIC DIRECTOR

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3300 COUGAR PATH

HEBRON, KY 41048

859-334-4410

ATHLETE'S NAME \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ GRADE \_\_\_\_\_

FAMILY (MUSTANG, ARABIAN, ETC.) \_\_\_\_\_

ADDRESS \_\_\_\_\_

ADDRESS CON'T \_\_\_\_\_

PHONE \_\_\_\_\_

PARENTS OR GUARDIANS \_\_\_\_\_

CELL NUMBERS FOR ABOVE \_\_\_\_\_

SPORT OF PARTICIPATION \_\_\_\_\_

### PERMISSION TO PARTICIPATE

AS PARENT OR GUARDIAN OF \_\_\_\_\_, I GRANT PERMISSION FOR PARTICIPATION IN ATHLETIC COMPETITION SPONSORED BY CONNER MIDDLE SCHOOL AND THE BOONE COUNTY BOARD OF EDUCATION.

PARENT/GUARDIAN NAME (PRINT) \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_

DATE: \_\_\_\_\_

### EMERGENCY CONTACT DURING TRYOUTS

NAME: \_\_\_\_\_

RELATIONSHIP TO ATHLETE \_\_\_\_\_

PHONE: \_\_\_\_\_

MEDICAL CONDITIONS THAT THE COACH WOULD NEED TO BE MADE AWARE OF: (IE. INHALER, VCD, DIABETIC...)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PLEASE FILL OUT BACK OF FORM COMPLETELY AND ATTACH COPY OF SPORTS PHYSICAL FORM.**

**PART V - STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE AND EMERGENCY PERMISSION FORM**

*This part must be completed by student and custodial parent / guardian). This form must be reproduced in order for a copy to travel with respective athlete.*

**STUDENT AND PARENT/GUARDIAN ACKNOWLEDGMENT OF RISK, ACKNOWLEDGEMENT OF ELIGIBILITY RULES, LIABILITY WAIVER AND CONSENT AND RELEASE**

Students' Name (please print)

School

Student and Parent/Guardian Address including City, State and Zip

Signature of Student

Date

Please list above any health problems/concerns this student may have, including allergies (medications / others) and any medications presently being used

Name of Parent(s)/Guardian(s) who has/have custody of this student (please print)

Emergency Phone Number

Signature of Parent(s)/Guardian(s) who has/have custody of this student

Date

**REQUIRED INSURANCE INFORMATION (KHSAA Bylaw 2)**

Insurance Carrier

Policy Number

**EMERGENCY CONTACT INFORMATION**

Name (please print)

Relation to Student

Emergency Contact Address, including City, State and Zip

Daytime Phone

Cell Phone

**EMERGENCY TREATMENT INFORMATION**

The following information is recorded solely for potential hospitalization and emergency care needs and is not required to be recorded on this form. However, those failing to provide this information should be aware that this might be required by emergency treatment facilities prior to rendering service, and failure to provide could result in lack of appropriate care.

Social Security Number

Birth Date

*The student and parents/guardian must read this statement carefully and sign where required. This form must be completed before the student participates (hereinafter including try out for, practice and/or compete) in interscholastic athletics. This form should be kept in a secure location until the student has exhausted eligibility, graduated from high school and reached the age of 19.*