

Date _____

Joliet Township High Schools
ATHLETIC INFORMATION CARD

Student _____

Sport _____ Year in School _____

Date of Birth _____ Place of Birth _____

Parent's Name _____

Address _____ Zip Code _____

Home Phone _____

Work Phone _____

Emergency Number _____

Family Physician _____

Medical _____

NOTICE TO PARENTS:

1. The school will not be responsible for injuries or loss resulting from participation in sports.
2. The school carries limited insurance coverage for the student while participating in sports.
3. Read carefully the school accident insurance brochures. Schedules are definite and limited and in some cases do not cover the entire accident expense.
4. Expenses over and above the insurance coverage are the responsibility of the parents. The school assumes no obligation for this.
5. If you expect to receive payments under school accident insurance, authorization to visit a doctor must come from our school Health Services Department or the coach.
6. Except for first aid and emergency measures, parents may use their family physician.

IF MY SON/DAUGHTER IS INJURED AT PRACTICE OR AT AN ATHLETIC CONTEST AND THE COACH IS UNABLE TO CONTACT ME, YOU HAVE MY PERMISSION TO ADMIT MY SON/DAUGHTER INTO A HOSPITAL FOR MEDICAL TREATMENT.

Signature _____

Hospital Insurance Co. _____

Insurance No. _____

Family Physician _____

Family Hospital _____