

Isbell Middle School Athletics Participation Form

Student Name: _____ Birthday: ____/____/____

Address: _____ Phone: (805) _____

Parent / Guardian Name: _____

Home Phone #: _____ Cell Phone #: _____

Family Physician: _____ Physician #: _____

Emergency Contact: _____ Relation to Student: _____

Contact Phone #: _____

In order to participate in any Isbell M.S. Athletic sport, your child MUST HAVE medical insurance!!!

I acknowledge that my child has Medical Insurance Yes _____ (mark with an **X**)

Any pre-existing medical conditions (including allergies / bee stings / etc.)

Informed Consent

I hereby give permission for my child _____ to participate in Isbell Athletics for the 20__ - 20__ athletics season. Further, I authorize the school to provide emergency treatment of an injury or illness of my child if qualified medical personnel consider treatment necessary & perform the treatment. This authorization is granted only if I cannot be reached & a reasonable effort has been made to do so.

My child & I are aware that participating in athletics is a potentially hazardous activity. There is the possibility of injuries, both minor & serious. I assume all risks associated with participation in this sport, including but not limited to falls, contact with other participants, contact with the coach, the effects of the weather, traffic, & other reasonable risk conditions associated with the sport. I understand this informed consent form & agree to its conditions on behalf of my child.

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____